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# FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

		or Otner	' inan An Au	tnorize	a Comm	ittee		Office Us	se Only	
1.			IAILING LABEL DR PRINT ♥		ample:If typi er the lines	ng, type				
Ш	Minnesota Democratic-Farmer	r-Labor Party	y 			1 1 1 1				
Ш										
AD	DRESS (number and street)	255 East	Plato Blvd							
	Check if different than previously	Saint Pau	<u>                                     </u>			<u> </u>	ı MN ı	1 5	5107 , ,	
	reported. (ACC)									
2.	FEC IDENTIFICATION NUMBER	BER ₩	C	ITY 🙇			STATE	<b>L</b>	ZIPCODI	= 🛕
	C00025254		3.	IS THIS REPORT	X	NEW (N) OR		AMENDED (A)		
4.	TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	(b) Mor Rep Due	oort Fe	eb 20 (M2) ar 20 (M3)	- $H$	May 20 (M5)		Aug 20 (M8) Sep 20 (M9)	П	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
	April 15		A <sub>l</sub>	pr 20 (M4)		Jul 20 (M7)		Oct 20 (M10)		Jan 31 (YE)
	Quarterly Report(Q1	(c)	12-Day		Primary (1	2P)	Gei	neral (12G)		Runoff (12R)
	July 15 Quarterly Report(Q2 October 15		<b>PRE</b> -Election Report for the:	Ĭ	Convention	n (12C)	Spe	ecial (12G)		
	Quarterly Report(Q3 January 31 Quarterly Report(YE		Elec	tion on					in the State of	
	July 31 Mid-Year Report(Non-election Year Only) (MY)	(d)	30-Day  Post -Election  Report for the:		General (3	80G)	Rui	noff (30R)		Special (30S)
	Termination Report (TER)		Elec	tion on					in the State of	
5.	Covering Period 0 2	01	2009		through	02	28	2009		
	ertify that I have examined this R	Report and to Lori Sell	•	nowledge	and belief it	is true, correc	t and com	plete.		
ı yı	e of Fillit Name of Treasurer									
Sig	nature of Treasurer Electron	ically Filed b	y Lori Sellner				Date	03 20	) 2	2009
NO	TE : Submission of false, errone	eous, or inco	omplete informat	ion may su	bject the pe	erson signing th	nis Report	to the penalties	of 2 U.S.	C 437g.
	Office Use								FORM	

FE6AN026

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Minnesota Democratic-Farmer-Labor Party <sup>®</sup> D <sup>b</sup> D 0 2 0.2 0 1 2009 28 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2009 152523.33 January 1 (b) Cash on Hand at 293958.60 Begining of Reporting Period ..... 274153.28 663520.60 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 568111.88 816043.93 6(a) and 6(c) for Column B) ..... 363917.87 611849.92 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 204194.01 204194.01 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 58148.84 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463 Toll Free 800-424-9530

Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name
Minnesota Democratic-Farmer-Labor Party

Report Covering the Period:

From:

01

2009

To:

0 2 M

<sup>D</sup> 2<sup>D</sup> 8

2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Cor (a)	ntributions (other than loans) From: Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	10416.66	19044.31
	(ii) Unitemized	14328.09	42335.38
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	24744.75	61379.69
(b)	Political Party Committees	0.00	0.00
(c)	Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	24744.75	61379.69
	nsfers From Affiliated/Other ty Committees	42130.94	73130.94
3. All I	_oans Received	0.00	0.00
	n Repayments Receivedsets To Operating Expenditures	0.00	0.00
(Ca	funds, Rebates, etc.) rry Totals to Line 37, page 5) unds of Contributions Made	36668.45	70506.51
	ederal candidates and Other tical Committees	0.00	0.00
	er Federal Receipts ridends, Interest, etc.)	176550.00	451550.00
8. Tra	ansfers from Non-Federal and Levin Funds		
(a)	Non-Federal Account (from Schedule H3)	-5940.86	6953.46
(b)	Levin Funds (from Schedule H5)	0.00	0.00
(c)	Total Transfer (add 18(a) and 18(b)).	-5940.86	6953.46
	al Receipts (add Lines 11(d), 13, 14, 15, 16, 17, and 18(c))	274153.28	663520.60
	al Federal Receipts otract Line 18(c) from Line 19)	280094.14	656567.14

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 8972.05 36371.44 (i) Federal Share..... 21318.29 41882.39 (ii) Non-Federal Share..... (b) Other Federal Operating 62964.66 116752.42 Expenditures..... (c) Total Operating Expenditures 93255.00 195006.25 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 0.00 0.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) ..... (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) ......... 270460.78 410895.20 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share ..... 0.00 0.00 (ii) "Levin" Share ..... (b) Federal Election Activity Paid Entirely 202.09 5948.47 With Federal Funds ..... (c) Total Federal Election Activity (add 202.09 5948.47 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 363917.87 611849.92 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements

342599.58

569967.53

(subtract Line 21(a)(ii) and Line 30(a)(ii)

from Line 31).....

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	24744.75	61379.69
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	24744.75	61379.69
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	71936.71	153123.86
37.	Offsets to Operating Expenditures (from Line 15, page 3)	36668.45	70506.51
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	35268.26	82617.35

FE6AN026

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 98 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  Minnesota Democratic-Farmer-Laboration of the commercial purposes and the co	Statements may not be sold or used by any persor the name and address of any political committee to solve Party	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Debra Hogenson Mailing Address 15069 Roberts Ave		Date of Receipt
City Brewster FEC ID number of contributing	State Zip Code MN 56119-1952	0 2 1 0 2 0 0 9  Transaction ID: C5040993  Amount of Each Receipt this Period
federal political committee.  Name of Employer Alternatives, SLS  Receipt For: 2008  X Primary General Other (specify)	Occupation Own-Social Worker  Aggregate Year-to-Date ▼	100.00
Full Name (Last, First, Middle Initial) Josie Johnson  Mailing Address 400 Groveland Ave Apt 2007  City	State Zip Code	Date of Receipt  0 2 10 2009
Minneapolis FEC ID number of contributing federal political committee.	MN 55403-3205	Transaction ID: C5040959  Amount of Each Receipt this Period  50.00
Name of Employer University of Minnesota  Receipt For: 2008  X Primary General Other (specify)	Occupation Education  Aggregate Year-to-Date   375.00	
Full Name (Last, First, Middle Initial) Josie Johnson  Mailing Address 400 Groveland Ave		Date of Receipt
Apt 2007 City Minneapolis	State Zip Code MN 55403-3205	Transaction ID: C5101038  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer University of Minnesota	Occupation Education	
Receipt For: 2008  X Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
SUBTOTAL of Receipts This Page (optional)		175.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 7/98   (check only one)
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  Minnesota Democratic-Farmer-Lab	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Full Name (Last, First, Middle Initial) Eric James Margolis			Date of Receipt
Mailing Address 649 North Van Burd	en Trail		0 2 0 2 2 0 0 9
City Hopkins	State MN	Zip Code 55343-8148	Transaction ID: C5104336  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Self	Occupation Web Page	n ge Designer	
Receipt For: 2008  X Primary General  Other (specify) ▼		e Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Eric James Margolis	<b>I</b>		Date of Receipt
Mailing Address 649 North Van Burd	en Trail		02 10 2009
City Hopkins	State MN	Zip Code 55343-8148	Transaction ID: C5040964
FEC ID number of contributing federal political committee.	C	33343-0140	Amount of Each Receipt this Period  50.00
Name of Employer Self	Occupation Web Page	n ge Designer	
Receipt For: 2008  X Primary General  Other (specify) ▼		e Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Mike Murr			Date of Receipt
Mailing Address 699 Brentwood Ln			0 2 2 6 2 0 0 9
City Eagan	State MN	Zip Code 55123-1332	Transaction ID: C5101205  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	001201002	10000.00
Name of Employer ISD 199	Occupation Teacher	n	
Receipt For: 2008  Primary General  X Other (specify) ▼ Recount	<del>- + +</del>	Year-to-Date ▼ 10000.00	
SUBTOTAL of Receipts This Page (optional	I		10075.00

PAGE 8/98 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 11a 11b 11c 13 14 16

**ITEMIZED RECEIPTS Detailed Summary Page** 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Minnesota Democratic-Farmer-Labor Party Full Name (Last, First, Middle Initial) Date of Receipt A. Katheirne C. Speer Mailing Address 52823 305th Avenue 02 07 2009 City State Zip Code Transaction ID: C5104356 Elgin MN 55932-5281 Amount of Each Receipt this Period FEC ID number of contributing 83.33 C federal political committee. Name of Employer Retired Occupation Retired Receipt For: 2008 Aggregate Year-to-Date X Primary General 366.66 Other (specify) Full Name (Last, First, Middle Initial) В. Rolf E. Westgard Date of Receipt Mailing Address 25189 Moonrise Trl 17 0 2 2009 City State Zip Code Transaction ID: C5104340 Deerwood MN 56444-8832 Amount of Each Receipt this Period FEC ID number of contributing C 83.33 federal political committee. Name of Employer Retired Occupation Retired Receipt For: 2008 Aggregate Year-to-Date ▼ X Primary General 716.66 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	166.66
TOTAL This Period (last page this line number only)	<b>•</b>	10416.66

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 98 (check only one)  11a 11b 11c X 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Minnesota Democratic-Farmer-Labor	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ASDC Partnership Program Mailing Address 430 S Capitol St SE  City Washington FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: 2008	State Zip Code DC 20003  C C00402404  Occupation  Aggregate Year-to-Date ▼	Date of Receipt    M M M
X Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)	130.94	
Dollars for Democrats  Mailing Address 430 S Capitol St SE C00073791  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: 2008  X Primary General Other (specify)	State Zip Code DC 20003  C C00073791  Occupation  Aggregate Year-to-Date ▼  42000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dollars for Democrats  Mailing Address 430 S Capitol St SE C00073791  City Washington  FEC ID number of contributing	State Zip Code DC 20003	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
rederal political committee.  Name of Employer  Receipt For: 2008  X Primary General Other (specify)	C C00073791  Occupation  Aggregate Year-to-Date ▼  42000.00	27000.00
SUBTOTAL of Receipts This Page (optional) .		42130.94
TOTAL This Period (last page this line number	r only)	42130.94

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 98 (check only one)  11a 11b 11c 12 13 14 X 15 16
ny information copied from such Reports and r for commercial purposes, other than using th	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  Minnesota Democratic-Farmer-Labo	r Party	
Full Name (Last, First, Middle Initial) Ellison (Keith) for Congress		Date of Receipt
Mailing Address 1629 Bryant Ave N	State Zip Code	02 17 2009
City <u>Minneapolis</u>	State Zip Code  MN 55411	Transaction ID: C5100351  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b> C00422410	5531.78
Name of Employer	Occupation	
Receipt For: 2008  X Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 25791.43	Payroll Services
Full Name (Last, First, Middle Initial) Ellison (Keith) for Congress		Date of Receipt
Mailing Address 1629 Bryant Ave N		02 27 27 2009
City	State Zip Code	Transaction ID: C5101206
Minneapolis FEC ID number of contributing	MN 55411 C C00422410	Amount of Each Receipt this Period 5515.75
federal political committee.		
Name of Employer	Occupation	
Receipt For: 2008  X Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 25791.43	
Full Name (Last, First, Middle Initial) Embarg		Date of Receipt
Mailing Address PO Box 219505		02 17 2009
City	State Zip Code	Transaction ID: C5100348
Kansas City FEC ID number of contributing	MO 64121-9505	Amount of Each Receipt this Period
federal political committee.	C	980.20
Name of Employer	Occupation	
Receipt For: 2008  X Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 980.20	Refund of Overpayment
CURTOTAL of Possints This Page (entional)		12027.73

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 98 (check only one)  11a 11b 11c 12 13 14 X 15 16
ny information copied from such Reports and r for commercial purposes, other than using t	I Statements may not be sold or used by any pers he name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
Minnesota Democratic-Farmer-Labo	r Party	
Full Name (Last, First, Middle Initial) QWest		Date of Receipt
Mailing Address PO Box 1301		02 03 2009
City	State Zip Code	Transaction ID: C5040936
Minneapolis	MN 55483-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1493.52
Name of Employer	Occupation	
Receipt For: 2008	Aggregate Veer to Dete	_
X Primary General	Aggregate Year-to-Date ▼	Refund for Overpayment
Other (specify) ▼	28809.96	Neturia for Overpayment
Full Name (Last, First, Middle Initial) QWest		Date of Receipt
Mailing Address PO Box 1301		02 03 2009
City	State Zip Code	Transaction ID: C5040937
Minneapolis	MN 55483-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1384.67
Name of Employer	Occupation	
Receipt For: 2008	Aggregate Year-to-Date ▼	
X Primary General		Refund for Overpayment
Other (specify) ▼	28809.96	Theidild for Overpayment
Full Name (Last, First, Middle Initial)  QWest	-1	Date of Receipt
Mailing Address PO Box 1301		02 03 2009
City	State Zip Code	Transaction ID: C5040938
Minneapolis	MN 55483-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	835.63
Name of Employer	Occupation	
Receipt For: 2008	Aggregate Year-to-Date ▼	
X Primary General		Refund for Overpayment
Other (specify) ▼	28809.96	I rolate for everpayment
LIPTOTAL of Possints This Page (entional)		3713.82

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 98 (check only one)  11a 11b 11c 12 13 14 X 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Minnesota Democratic-Farmer-Labo	r Party	
Full Name (Last, First, Middle Initial)  QWest		Date of Receipt
Mailing Address PO Box 1301		0 2 0 3 7 2 0 0 9
City	State Zip Code	Transaction ID: C5040939
Minneapolis	MN 55483-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	836.82
Name of Employer	Occupation	
Receipt For: 2008	Aggregate Year-to-Date ▼	
X Primary General Other (specify) ▼	28809.96	Refund for Overpayment
	0 0 0 0 0 0 0 0 0	
Full Name (Last, First, Middle Initial)  QWest		Date of Receipt
Mailing Address PO Box 1301		02 03 2009
City	State Zip Code	Transaction ID: C5040940
<u>Minneapolis</u>	MN 55483-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2282.15
Name of Employer	Occupation	
Receipt For: 2008	Aggregate Year-to-Date ▼	
X Primary General	28809.96	Refund for Overpayment
Other (specify) ▼	20009.90	
Full Name (Last, First, Middle Initial) QWest		Date of Receipt
Mailing Address PO Box 1301		02 03 7 9 9
City	State Zip Code	Transaction ID: C5040941
Minneapolis	MN 55483-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	813.25
Name of Employer	Occupation	
Receipt For: 2008	Aggregate Year-to-Date ▼	
X Primary General Other (specify) ▼	28809.96	Refund for Overpayment
SUBTOTAL of Receipts This Page (optional)		3932.22

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 98 (check only one)  11a 11b 11c 12 13 14 X 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Minnesota Democratic-Farmer-Labor	Party	
Full Name (Last, First, Middle Initial)  QWest		Date of Receipt
Mailing Address PO Box 1301	0 2 0 3 2 0 0 9	
City	State Zip Code	Transaction ID: C5040942
Minneapolis	MN 55483-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1551.78
Name of Employer	Occupation	
Receipt For: 2008	Aggregate Year-to-Date ▼	<del> </del>
X Primary General		Refund for Overpayment
Other (specify) ▼	28809.96	Troising for Svorpaymoni
Full Name (Last, First, Middle Initial) QWest		Date of Receipt
Mailing Address PO Box 1301		02 03 2009
City	State Zip Code	Transaction ID: C5040943
Minneapolis	MN 55483-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1152.95
Name of Employer	Occupation	
Receipt For: 2008	Aggregate Year-to-Date ▼	
X Primary General		Refund for Overpayment
Other (specify) ▼	28809.96	
Full Name (Last, First, Middle Initial)  QWest	1	Date of Receipt
Mailing Address PO Box 1301		02 10 2009
City	State Zip Code	Transaction ID: C5040944
Minneapolis	MN 55483-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	432.20
Name of Employer	Occupation	
Receipt For: 2008	Aggregate Year-to-Date ▼	
X Primary General		Refund for Overpayment
Other (specify) ▼	28809.96	4
SUBTOTAL of Receipts This Page (optional) .	•	3136.93

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 98 (check only one)  11a 11b 11c 12 13 14 X 15 16
ny information copied from such Reports and r for commercial purposes, other than using t	I Statements may not be sold or used by any pers he name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	•	
Minnesota Democratic-Farmer-Labo	r Party	
Full Name (Last, First, Middle Initial) QWest		Date of Receipt
Mailing Address PO Box 1301		02 10 2009
City	State Zip Code	Transaction ID: C5040945
Minneapolis	MN 55483-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2488.04
Name of Employer	Occupation	
Receipt For: 2008	Aggregate Year-to-Date ▼	$\dashv$
X Primary General		Refund for Overnovment
Other (specify) ▼	28809.96	Refund for Overpayment
Full Name (Last, First, Middle Initial) QWest		Date of Receipt
Mailing Address PO Box 1301		02 10 2009
City	State Zip Code	Transaction ID: C5040947
Minneapolis	MN 55483-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	517.89
Name of Employer	Occupation	
Receipt For: 2008	Aggregate Year-to-Date ▼	<del>-</del>
X Primary General		Refund for Overpayment
Other (specify) ▼	28809.96	Ticiana for overpayment
Full Name (Last, First, Middle Initial)  QWest	-1	Date of Receipt
Mailing Address PO Box 1301		02 10 2009
City	State Zip Code	Transaction ID: C5040948
Minneapolis	MN 55483-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	390.29
Name of Employer	Occupation	
Receipt For: 2008	Aggregate Year-to-Date ▼	_
X Primary General		Refund for Overpayment
Other (specify) ▼	28809.96	I
LIPTOTAL of Possints This Page (entional)		3396.22

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 98 (check only one)  11a 11b 11c 12 13 14 X 15 16
any information copied from such Reports and r for commercial purposes, other than using t	I Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
Minnesota Democratic-Farmer-Labo	r Party	
Full Name (Last, First, Middle Initial) QWest		Date of Receipt
Mailing Address PO Box 1301		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C5041031
Minneapolis	MN 55483-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	857.55
Name of Employer	Occupation	
Receipt For: 2008	Aggregate Year-to-Date ▼	-
X Primary General		Refund for Overnovment
Other (specify) ▼	28809.96	Refund for Overpayment
Full Name (Last, First, Middle Initial) QWest		Date of Receipt
Mailing Address PO Box 1301		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C5100349
Minneapolis	MN 55483-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1036.17
Name of Employer	Occupation	
Receipt For: 2008	Aggregate Year-to-Date ▼	$\dashv$
X Primary General		Refund of Overpayment
Other (specify) ▼	28809.96	Tieruna or Overpayment
Full Name (Last, First, Middle Initial)  QWest	-1	Date of Receipt
Mailing Address PO Box 1301		02 17 YYYY 17 2009
City	State Zip Code	Transaction ID: C5100352
Minneapolis	MN 55483-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.11
Name of Employer	Occupation	
Receipt For: 2008	Aggregate Year-to-Date ▼	$\dashv$
X Primary General		Refund of Overpayment
Other (specify) ▼	28809.96	1
CURTOTAL of Possints This Page (entional)		1934.83

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 98 (check only one)  11a 11b 11c 12 13 14 X 15 16
ny information copied from such Reports and r for commercial purposes, other than using t	I Statements may not be sold or used by any pers he name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Minnesota Democratic-Farmer-Labo	r Party	
Full Name (Last, First, Middle Initial) QWest		Date of Receipt
Mailing Address PO Box 1301		02 17 2009
City	State Zip Code	Transaction ID: C5100353
Minneapolis	MN 55483-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	917.72
Name of Employer	Occupation	
Receipt For: 2008	Aggregate Veer to Date	-
X Primary General	Aggregate Year-to-Date ▼	Refund of Overnovment
Other (specify)	28809.96	Refund of Overpayment
Full Name (Last, First, Middle Initial) QWest		Date of Receipt
Mailing Address PO Box 1301		02 23 7 2009
City	State Zip Code	Transaction ID: C5101052
Minneapolis	MN 55483-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	138.29
Name of Employer	Occupation	
Receipt For: 2008	Aggregate Year-to-Date ▼	
X Primary General		Refund of Overpayment
Other (specify) ▼	28809.96	Trefund of Overpayment
Full Name (Last, First, Middle Initial) QWest	•	Date of Receipt
Mailing Address PO Box 1301		0 2 2 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C5101053
Minneapolis	MN 55483-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	974.01
Name of Employer	Occupation	
Receipt For: 2008	Aggregate Year-to-Date ▼	$\dashv$
X Primary General		Refund of Overpayment
Other (specify) ▼	28809.96	1 Notation of Overpayment
CURTOTAL of Possints This Page (entional)		2030.02

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 98 (check only one)  11a 11b 11c 12 13 14 X 15 16
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NAME OF COMMITTEE (In Full)		
Minnesota Democratic-Farmer-Labo	r Party	
Full Name (Last, First, Middle Initial) QWest		Date of Receipt
Mailing Address PO Box 1301		02 23 7 2009
City	State Zip Code	Transaction ID: C5101054
Minneapolis	MN 55483-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	558.52
Name of Employer	Occupation	
Receipt For: 2008	Aggregate Year-to-Date ▼	<del> </del>
X Primary General		Refund of Overpayment
Other (specify) ▼	28809.96	Heluliu di Overpayment
Full Name (Last, First, Middle Initial) QWest		Date of Receipt
Mailing Address PO Box 1301		02 23 7 2009
City	State Zip Code	Transaction ID: C5101059
Minneapolis	MN 55483-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	463.03
Name of Employer	Occupation	
Receipt For: 2008	Aggregate Year-to-Date ▼	<del> </del>
X Primary General		Refund of Overpayment
Other (specify) ▼	28809.96	Tieruna di Overpayment
Full Name (Last, First, Middle Initial)  QWest		Date of Receipt
Mailing Address PO Box 1301		02 23 2009
City	State Zip Code	Transaction ID: C5101185
Minneapolis	MN 55483-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	199.48
Name of Employer	Occupation	
Receipt For: 2008	Aggregate Year-to-Date ▼	<del> </del>
X Primary General		Refund of Overpayment
Other (specify) ▼	28809.96	I located of overpayment
SUBTOTAL of Receipts This Page (optional)	•	1221.03

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 98 (check only one)  11a 11b 11c 12 13 14 X 15 16
ny information copied from such Reports and r for commercial purposes, other than using t	I Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Minnesota Democratic-Farmer-Labo	r Party	
Full Name (Last, First, Middle Initial) QWest		Date of Receipt
Mailing Address PO Box 1301		02 23 7 2009
City	State Zip Code	Transaction ID: C5101187
Minneapolis	MN 55483-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1482.95
Name of Employer	Occupation	
Receipt For: 2008	Aggregate Year-to-Date ▼	-
X Primary General		Refund of Overnovment
Other (specify)	28809.96	Refund of Overpayment
Full Name (Last, First, Middle Initial) QWest		Date of Receipt
Mailing Address PO Box 1301		02 23 7 2009
City	State Zip Code	Transaction ID: C5101189
Minneapolis	MN 55483-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	117.21
Name of Employer	Occupation	
Receipt For: 2008	Aggregate Year-to-Date ▼	
X Primary General		Refund of Overpayment
Other (specify) ▼	28809.96	Troiting of Overpaymont
Full Name (Last, First, Middle Initial) QWest	•	Date of Receipt
Mailing Address PO Box 1301		02 / 23 / 2009
City	State Zip Code	Transaction ID: C5101190
Minneapolis	MN 55483-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	620.00
Name of Employer	Occupation	
Receipt For: 2008	Aggregate Year-to-Date ▼	1
X Primary General		Refund of Overpayment
Other (specify)	28809.96	l l l l l l l l l l l l l l l l l l l
LIRTOTAL of Receipts This Page (ontional)		2220.16

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 98 (check only one)  11a 11b 11c 12 13 14 X 15 16
ny information copied from such Reports and r for commercial purposes, other than using t	d Statements may not be sold or used by any personal statements and address of any political committee to	
NAME OF COMMITTEE (In Full)		
Minnesota Democratic-Farmer-Labo	r Party	
Full Name (Last, First, Middle Initial) QWest		Date of Receipt
Mailing Address PO Box 1301		02 23 2009
City	State Zip Code	Transaction ID: C5101192
Minneapolis	MN 55483-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	227.95
Name of Employer	Occupation	
Receipt For: 2008	Aggregate Year-to-Date ▼	
X Primary General		Refund of Overpayment
Other (specify) ▼	28809.96	Thoralia of Overpayment
Full Name (Last, First, Middle Initial) QWest		Date of Receipt
Mailing Address PO Box 1301		02 23 2009
City	State Zip Code	Transaction ID: C5101194
Minneapolis	MN 55483-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	307.12
Name of Employer	Occupation	
Receipt For: 2008	Aggregate Year-to-Date ▼	$\dashv$
X Primary General		Refund of Overpayment
Other (specify) ▼	28809.96	Tierana or overpayment
Full Name (Last, First, Middle Initial) QWest	•	Date of Receipt
Mailing Address PO Box 1301		02 23 2009
City	State Zip Code	Transaction ID: C5101195
Minneapolis	MN 55483-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	187.51
Name of Employer	Occupation	
Receipt For: 2008	Aggregate Year-to-Date ▼	1
X Primary General		Refund of Overpayment
Other (specify) ▼	28809.96	]
UBTOTAL of Receipts This Page (optional)		722.58

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 98 (check only one)  11a 11b 11c 12 13 14 X 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Minnesota Democratic-Farmer-Labor		son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  QWest  Mailing Address PO Box 1301  City  Minneapolis  FEC ID number of contributing federal political committee.	State Zip Code MN 55483-0002	Date of Receipt  2 0 0 9  Transaction ID: C5101196  Amount of Each Receipt this Period  316.38
Name of Employer  Receipt For: 2008  X Primary General Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼  28809.96	Refund of Overpayment
Full Name (Last, First, Middle Initial)  QWest  Mailing Address PO Box 1301		Date of Receipt  0 2 2 3 2 0 0 9
City	State Zip Code	Transaction ID: C5101197
<u>Minneapolis</u>	MN 55483-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	512.87
Name of Employer  Receipt For: 2008  X Primary General Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼  28809.96	Refund of Overpayment
Full Name (Last, First, Middle Initial) University of MN		Date of Receipt
Mailing Address Board of Regents Stu		02 / 23 / 2009
City Minneapolis	State Zip Code MN 55455	Transaction ID: C5101049
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  1344.97
Name of Employer	Occupation	
Receipt For: 2008  X Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1344.97	
SUBTOTAL of Receipts This Page (optional) .		2174.22
TOTAL This Period (last page this line numbe		36509.76

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SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 21 / 98
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)  11a 11b 11c 12  13 14 15 16 X 17
Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)			
Minnesota Democratic-Farmer-Labor	Party		
Full Name (Last, First, Middle Initial) Franken Recount Fund			Date of Receipt
Mailing Address 4190 Vinewood Ln N # 111-554			02 17 2009
City	State	Zip Code	Transaction ID: C5100356
Minneapolis	MN	55442-1715	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b> C0	0457119	176550.00
Name of Employer	Occupatio	n	
Receipt For: 2008  Primary General  X Other (specify) ▼ Recount	Aggregate	e Year-to-Date ▼ 446550.00	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	176550.00
TOTAL This Period (last page this line number only)	<b>•</b>	176550.00

Willernie MN 55090-4500  Purpose of Disbursement Accounting Services  Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) Donna Cassutt  Mailing Address 815 E 61st St  City Minneapolis MN 55417-3144  Purpose of Disbursement Payroll  Candidate Name  Office Sought: House Senate President MN 55417-3144  Purpose of Disbursement Payroll  Candidate Name  Office Sought: House President Disbursement For: 2008 Amount of Each Disbursement Payroll  Candidate Name  Office Sought: House President Disbursement For: 2008 Amount of Each Disbursement Payroll  State: District:  Full Name (Last, First, Middle Initial) Donna Cassutt  Mailing Address 815 E 61st St  City Minneapolis State Zip Code MN 55417-3144  Purpose of Disbursement Payroll  Cardidate Name  Category/ Type  Amount of Each Disbursement Payroll  Candidate Name  Category/ Type  Category/ Type	PAGE 22/98
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from NAME OF COMMITTEE (In Full)  Minnesota Democratic-Farmer-Labor Party  Full Name (Last, First, Middle Initial) Mary Bonk  Mailing Address 328 Kimberly Rd  City State Zip Code MIN 55090-4500  Purpose of Disbursement Accounting Services  Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) Donna Cassutt  Mailing Address 815 E 61st St  City Minneapolis MN 55417-3144  Purpose of Disbursement Payroll  Candidate Name  Office Sought: House Senate President Other (specify) ▼  Transaction ID: 10 Date of Disbursement Payroll  Category/ Type  Transaction ID: 10 Date of Disbursement Payroll  Category/ Type  Office Sought: House Senate President Other (specify) ▼  Transaction ID: 10 Date of Disbursement Payroll  Category/ Type  Transaction ID: 10 Date of Disbursement Payroll  Category/ Type  Transaction ID: 10 Date of Disbursement Payroll  Category/ State Zip Code MIN 55417-3144  Purpose of Disbursement Payroll  Category/ State Zip Code MIN 55417-3144  Purpose of Disbursement Payroll  Category/ State Zip Code MIN 55417-3144  Purpose of Disbursement Payroll  Category/ State Zip Code MIN 55417-3144  Purpose of Disbursement Payroll  Category/ State Zip Code MIN 55417-3144  Purpose of Disbursement Payroll  Category/ State Zip Code MIN 55417-3144  Purpose of Disbursement Payroll  Candidate Name	24 25 2 28c 29
NAME OF COMMITTEE (In Full) Minnesota Democratic-Farmer-Labor Party  Full Name (Last, First, Middle Initial) Mary Bonk  Mailing Address 328 Kimberly Rd  City Willernie MN 55090-4500  Purpose of Disbursement Accounting Services Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial) Donna Cassutt  Mailing Address 815 E 61st St  City Minneapolis Purpose of Disbursement Payroll Candidate Name  Office Sought:  State Disbursement For:  Category/ Type  Transaction ID: Date of Disbursement Accounting Services Candidate Name  Other (specify)  Transaction ID: Date of Disbursement Payroll Candidate Name  Office Sought:  House President State: District:  Full Name (Last, First, Middle Initial) Donna Cassutt  Disbursement For: Date of Disbursement Payroll Candidate Name  Category/ Type  Transaction ID: Transaction ID: Transaction ID: Date of Disbursement Date of Da	
Mary Bonk  Mailing Address 328 Kimberly Rd  City Willernie State Zip Code MN 55090-4500  Purpose of Disbursement Accounting Services  Candidate Name Disbursement For: 2008  Senate President State: District:  Full Name (Last, First, Middle Initial)  Donna Cassutt  Mailing Address 815 E 61st St  City Minneapolis Senate President State: District:  Full Name (Last, First, Middle Initial)  Condidate Name Cassutt  District: State Zip Code MN 55417-3144  Purpose of Disbursement Payroll  Candidate Name Cassutt  Mailing Address 815 E 61st St  City State Zip Code MN 55417-3144  Purpose of Disbursement Payroll  Candidate Name Cassutt  Mailing Address 815 E 61st St  City State Zip Code MN 55417-3144  Purpose of Disbursement Payroll  Category/ Type  Transaction ID: Date of Disbursement Payroll  Category/ Type  Transaction ID: Date of Disbursement Payroll  Category/ Type  Amount of Each Dis Minneapolis MN 55417-3144  Purpose of Disbursement Payroll  Category/ Type  Amount of Each Dis Category/ Date of Disbursement Payroll  Category/ Type  Category/ Type  Amount of Each Dis Category/ Date of Disbursement Payroll  Category/ Type  Category/ Type	
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Willernie MN 55090-4500  Purpose of Disbursement Accounting Services Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) Donna Cassutt  Minneapolis MN 55417-3144  Purpose of Disbursement Payroll Candidate Name  Office Sought: House Senate President State Zip Code MN 55417-3144  Purpose of Disbursement Payroll Candidate Name  Office Sought: House President Senate President State: District:  Full Name (Last, First, Middle Initial) Donna Cassutt  Transaction ID: ID Date of Disbursement Por: 2008 Amount of Each District:  Full Name (Last, First, Middle Initial) Donna Cassutt  Mailing Address 815 E 61st St  City Senate President State: District:  Full Name (Last, First, Middle Initial) Donna Cassutt  Mailing Address 815 E 61st St  City State Zip Code MN 55417-3144  Purpose of Disbursement Payroll  Category/ Type  Amount of Each District:  City State Zip Code MN 55417-3144  Purpose of Disbursement Payroll Candidate Name  Category/ Type	Y 2009
Accounting Services Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) Donna Cassutt  Mailing Address 815 E 61st St  City State Zip Code MN 55417-3144  Purpose of Disbursement Payroll Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) Donna Cassutt  Transaction ID: I Date of Disbursement Payroll Category/ Type  Transaction ID: I Date of Disbursement President State: District:  Full Name (Last, First, Middle Initial) Donna Cassutt  Mailing Address 815 E 61st St  City State Zip Code Seneral Other (specify) ▼  Transaction ID: I Date of Disbursement Disbursement President State: District:  Full Name (Last, First, Middle Initial) Donna Cassutt  Mailing Address 815 E 61st St  City State Zip Code MN 55417-3144  Purpose of Disbursement Payroll Candidate Name  Category/ Type  Amount of Each Disbursement Payroll Candidate Name	sbursement this Perio
Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) Donna Cassutt  Mailing Address 815 E 61st St  City State Purpose of Disbursement Payroll  Candidate Name  District:  Full Name (Last, First, Middle Initial) Donna Cassutt  Minneapolis MN 55417-3144  Purpose of Disbursement Payroll  Category/  Type  Transaction ID: Date of Disbursement Payroll  Category/  Type  Transaction ID: Date of Disbursement Payroll  Category/  Type  Transaction ID: Date of Disbursement Por: 2008  X Primary General Other (specify) ▼  Transaction ID: Date of Disbursement Por: 2008  X Primary General Other (specify) ▼  Transaction ID: Date of Disbursement Por: 2008  X Primary General Other (specify) ▼  Transaction ID: Date of Disbursement Por: 2008  Amount of Each Disbursement Por: 2008  Amount of Each Disbursement Por: 2008  Category/ Type  Amount of Each Disbursement Por: 2008  Category/ Type	5000.00
Senate President District:  Full Name (Last, First, Middle Initial) Donna Cassutt  Mailing Address 815 E 61st St  City Minneapolis MN 55417-3144  Purpose of District:  Full Name (Last, First, Middle Initial) Donna Cassutt  Office Sought: House Senate President President State: District:  Full Name (Last, First, Middle Initial) Donna Cassutt  Mailing Address 815 E 61st St  Transaction ID: Date of Disbursement Por 2008 Senate President Other (specify) ▼  Type  Transaction ID: Date of Disbursement Por 2008 Senate President Other (specify) ▼  Transaction ID: Date of Disbursement Por 2008 Senate President State: District:  Full Name (Last, First, Middle Initial) Donna Cassutt  Mailing Address 815 E 61st St  City State Zip Code MN 55417-3144  Purpose of Disbursement Payroll  Candidate Name  Category/ Type  Amount of Each Dis Category/ Type	
Full Name (Last, First, Middle Initial) Donna Cassutt  Mailing Address 815 E 61st St  City State Zip Code MN 55417-3144  Purpose of Disbursement Payroll Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) Donna Cassutt  Mailing Address 815 E 61st St  City State Zip Code MN 55417-3144  Transaction ID: In Date of Disbursement For: 2008    X	
Donna Cassutt  Mailing Address 815 E 61st St  City State Zip Code Minneapolis MN 55417-3144  Purpose of Disbursement Payroll  Candidate Name  Disbursement For: 2008 Senate President Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Donna Cassutt  Mailing Address 815 E 61st St  City State Zip Code Minneapolis MN 55417-3144  City State Zip Code Minneapolis MN 55417-3144  Purpose of Disbursement Payroll  Candidate Name  Category/ Type  Amount of Each Disbursement Payroll  Category/ Type  Amount of Each Disbursement Category/ Type	
City Minneapolis MN 55417-3144  Purpose of Disbursement Payroll  Candidate Name  Disbursement For: 2008 Senate President Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Donna Cassutt  Mailing Address 815 E 61st St  City State Zip Code MN 55417-3144  Purpose of Disbursement Payroll  Candidate Name  Category/ Type  Transaction ID: Date of Disbursement Date of Disbursement Payroll  Candidate Name  Category/ Type  Amount of Each Disbursement Category/ Type	
Minneapolis  MIN 55417-3144  Purpose of Disbursement Payroll  Candidate Name  Category/ Type  Office Sought: House Senate President Payroll  State: District:  Full Name (Last, First, Middle Initial) Donna Cassutt  Mailing Address 815 E 61st St  City State Zip Code Minneapolis MN 55417-3144  Purpose of Disbursement Payroll  Candidate Name  Category/ Type  Transaction ID: Date of Disbursement Date of Disbursement Category/ Type  Amount of Each Dis  Category/ Type	Y 2009
Purpose of Disbursement Payroll  Candidate Name  Category/ Type  Office Sought: House Senate President President President State: District:  Full Name (Last, First, Middle Initial) Donna Cassutt  Mailing Address 815 E 61st St  City State Zip Code Minneapolis MN 55417-3144  Purpose of Disbursement Payroll  Candidate Name  Category/ Type  Transaction ID: ID Date of Disbursement Payroll  Category/ Type  Amount of Each Disbursement Payroll  Category/ Type	sbursement this Perio
Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) Donna Cassutt  Mailing Address 815 E 61st St  City State Zip Code Minneapolis MN 55417-3144  Purpose of Disbursement Payroll  Candidate Name  Disbursement For: 2008  X Primary General  Other (specify) ▼  Transaction ID: Date of Disbursement Payroll  Category/ Type	1835.15
Senate	
Full Name (Last, First, Middle Initial) Donna Cassutt  Mailing Address 815 E 61st St  City State Zip Code Minneapolis MN 55417-3144  Purpose of Disbursement Payroll Candidate Name  Transaction ID: Date of Disbursement  O 2 M / D 1 1  Amount of Each Disbursement  Category/ Type	
Mailing Address 815 E 61st St  City State Zip Code Minneapolis MN 55417-3144  Purpose of Disbursement Payroll  Candidate Name  Category/ Type	
Minneapolis MN 55417-3144  Purpose of Disbursement Payroll  Candidate Name  Category/ Type	Y 2009
Payroll Candidate Name Category/ Type	sbursement this Perio
Type	1610.34
Office Sought:    House	
State: District:	

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SCHEDULE B (FEC Form 3X)		arate schedule(s)		FOR I		NUMBE	R:		PA	GE	23 /	98
ITEMIZED DISBURSEMENTS		category of the Summary Page	1 -	X 21	b [	22 28a	П	23 28b	24 28c		25 29	26 30b
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NAME OF COMMITTEE (In Full)	e and addres	ss of arry political	COITII	iiiiiee	.0 301	icit conti	iibuti	0115 110	Jili Sucii c	,01111	iiiiiee	
Minnesota Democratic-Farmer-Labor Part	У											
Full Name (Last, First, Middle Initial) Tarryl Clark									D2723	374		
							М	isburse	onent 6	, , ,	0 0 9	Y
Mailing Address 5 Woodhill Rd												
City Saint Cloud	State MN	Zip Code 56301-5153				Amou	ınt o	f Each	Disburse	men	t this I	Period
Purpose of Disbursement	our Pointo D	lonyor United Air			7					18	381.0	0
Reimbursement: Travel Expenses: US Airways, F Candidate Name	our Points D	eriver, Orlited All	Cat	tegory	-							
Office Sought: House Disburse	ement For:	2008	T	уре								
Senate X	Primary	General										
State: District:	Other (spe	ecity) 🔻										
Full Name (Last, First, Middle Initial)									D2597	<b>7</b> 40		
EFTPS Fed Tax Payment						Date 0 2	of D	isburse	ement	Ý	0 ŏ s	Y
Mailing Address Federal Witholding Taxe	S					0 2		L!	3		008	1
City Iowa City	State IA	Zip Code 52244				Amou	ınt o	f Each	Disburse		-	
Purpose of Disbursement Fed WH Taxes					7	L.	-			157	746.4	4
Candidate Name				tegory/ ype								
* H	ement For: Primary	2008 General										
President	Other (spe											
State: District: Full Name (Last, First, Middle Initial)									D0700	.=.		
Eric Fought								isburse		3/3		
Mailing Address 215 Oak Grove Street, #	1801					0 <sup>M</sup> 2	М	<sup>D</sup> 2	3 / Y	ž	0 0 9	) <sup>Y</sup>
City Minneapolis	State MN	Zip Code 55440				Amou	ınt o	f Each	Disburse	men	t this I	Period
Purpose of Disbursement					$\neg$					2	291.1	6
Reimbursement: Cell and Audio Equipment: Veriz Candidate Name	on Wireless		Cat	tegory								
Office Sought: House Disburse	ement For:	2008	T	уре	_							
	Primary Other (spe	General										
State: District:		· · ·										
SUBTOTAL of Disbursements This Page (optional)					<u> </u>					179	18.6	0

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	dia dairess of diffy politica		ion contributions from such committee
Minnesota Democratic-Farmer-Labor Party	,		
Full Name (Last, First, Middle Initial)			Transaction ID: D261885
HealthPartners			Date of Disbursement
Mailing Address 8170 33rd Ave S			$ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} $ $ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} $ $ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} $ $ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} $ $ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} $ $ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} $ $ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} $ $ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} $
,	State Zip Code		Amount of Each Disbursement this Period
Bloomington Purpose of Disbursement	MN 55425		4890.50
Health Insurance			
Candidate Name		Category/ Type	
Senate X President	ment For: 2008 Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Sarah Helgen			Transaction ID: D261891 Date of Disbursement
Mailing Address 3127 18th Ave S			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
	State Zip Code		Amount of Each Disbursement this Period
	MN 55407-4791		1184.76
Purpose of Disbursement Payroll			
Candidate Name		Category/ Type	
	ment For: 2008 Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Sarah Helgen			Transaction ID: D259749 Date of Disbursement
Mailing Address 3127 18th Ave S			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ D & I \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & P \end{smallmatrix} \end{bmatrix} $
	State Zip Code MN 55407-4791		Amount of Each Disbursement this Period
Purpose of Disbursement Payroll			1184.78
Candidate Name		Category/ Type	
	ment For: 2008 Primary General Other (specify)	туре	
State: District:			
SUBTOTAL of Disbursements This Page (optional) .			7260.04

	Use separate sche	dule(s)	FOR LINE NUMBER: (check only one)								PAGE 25 / 98					
EMIZED DISBURSEMENTS	for each category of Detailed Summary	of the	X	21b 27	22 28a		23 28b		24 28c		25 29					
ny Information copied from such Reports and Stater for commercial purposes, other than using the nam												;				
NAME OF COMMITTEE (In Full)	le and address of any	Jointical Co	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	e 10 301	icit conti	ibuti	0115 11	OIII S	uciic	OHIII	iiilee					
Minnesota Democratic-Farmer-Labor Part	у															
Full Name (Last, First, Middle Initial) Hibo S Isaq					Trans Date					51						
Mailing Address 371 S Winthrop St #291					0 <sup>M</sup> 2	M	D 1	1	/ Y	ž	o ŏ 9	Y				
City Saint Paul	State Zip Cod MN 55119				Amou	int of	Each	Dist	ourser		this F					
Purpose of Disbursement Payroll										9	18.53	3				
Candidate Name			Catego Type	-												
	ement For: 200 Primary Ge Other (specify)	)8 eneral														
State: District:																
Full Name (Last, First, Middle Initial) Hibo S Isaq					Trans Date		sburs	emen		96						
Mailing Address 371 S Winthrop St #291					0 <sup>M</sup> 2	M	D 2	26	/ Y	ž	o ŏ 9	Y				
City Saint Paul	State Zip Cod MN 55119	е			Amou	int of	Each	Dist	ourser	ment	this F	Period				
Purpose of Disbursement Payroll										9	18.54	1				
Candidate Name			Catego Type	-												
Senate X President	ement For: 200 Primary Ge Other (specify)	)8 eneral														
State: District:  Full Name (Last, First, Middle Initial)  Brian Melendez					Trans		-			82						
Mailing Address 1777 Dupont Ave S						M		) <sup>D</sup>	/ Y	ž	o ŏ 9	Y				
City Minneapolis	State Zip Cod MN 55403				Amou	int of	Each	Disk	ourser	nent	this F	Period				
Purpose of Disbursement Travel Expense DC										2	66.55	5				
Candidate Name			Catego Type	-												
	ement For: 200 Primary Ge Other (specify)	)8 eneral														
State: District:																
						-			-	210						

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SCHEDULE B (FEC Form 3X)	Use separate sche	dule(s)		OR LIN			R:		Р	AGE	26 /	98
ITEMIZED DISBURSEMENTS	for each category of Detailed Summary	tne Page	1 –	21b 27	Á	22 28a	П	23 28b	24 280	: F	25 29	26 30b
Any Information copied from such Reports and Stator for commercial purposes, other than using the na												
NAME OF COMMITTEE (In Full)												
Minnesota Democratic-Farmer-Labor Pa	rty											
Full Name (Last, First, Middle Initial) Brian Melendez								on ID:	D259 ement	783		
Mailing Address 1777 Dupont Ave S					_	0 <sup>M</sup> 2	М	0	<sup>D</sup> /	Y	200	9 <sup>Y</sup>
City	State Zip Cod					Amou	nt o	f Each	Disburs	eme	nt this	Period
Minneapolis	MN 55403	-3066									289.3	0
Purpose of Disbursement Travel Expense Breezy Point, MN			U			-	-			_	200.0	0
Candidate Name				egory/ ype								
Senate President	x Primary Ge Other (specify)	08 eneral		· ·								
State: District:												
Full Name (Last, First, Middle Initial) MN Dept of Revenue								on ID:	D259 ement	741		
Mailing Address PO Box 821						0 <sup>M</sup> 2	М	<sup>/</sup> 1	<b>3</b> /	Y	200	9 <sup>Y</sup>
City Minneapolis	State Zip Cod MN 55480-					Amou	nt o	f Each	Disburs	eme	nt this	Period
Purpose of Disbursement MN WH Taxes						L.		-		2	754.0	0
Candidate Name				egory/ ype								
Senate President	rsement For: 200 X Primary Ge Other (specify)	)8 eneral										
State: District:												
Full Name (Last, First, Middle Initial) Catherine Mosher						Date o	of D	isburse		888		_
Mailing Address 3840 45th Ave S						0 <sup>M</sup> 2	М	<sup>/</sup> 2	4 /	Y	žoŏ	9 <sup>*</sup>
City Minneapolis	State Zip Cod MN 55406					Amou	nt o	f Each	Disburs	eme	nt this	Period
Purpose of Disbursement		Г				L.					330.0	0
Election Night Interpreter		L										
Candidate Name				egory/ ype								
Office Sought: House Disbu	x Primary Ge Other (specify)	08 eneral										
State: District:												
SUBTOTAL of Disbursements This Page (optional	l)			. •						3	373.3	0
0 - (-1				<del></del>								

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SCHEDULE B (FEC Form 3X)		FOR LINE	NI IMBER:	PAGE 27/98
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Statem				
or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full)	e and address of any political c	committee to soil	cit contributions tr	om such committee
Minnesota Democratic-Farmer-Labor Party	,			
Full Name (Last, First, Middle Initial)			Transaction ID:	
Jared Nordlund			Date of Disburs	
Mailing Address 1110 E 15th Street, #420	5		0 2	1 2009
•	State Zip Code MN 55404		Amount of Each	Disbursement this Period
Purpose of Disbursement Payroll		0 0		1474.03
Candidate Name		Category/ Type		
Senate X President	ment For: 2008 Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) Jared Nordlund			Transaction ID: Date of Disburse	ement
Mailing Address 1110 E 15th Street, #420	5		02 2	26 7 2009
•	State Zip Code MN 55404		Amount of Each	Disbursement this Period
Purpose of Disbursement Payroll	33404			1474.03
Candidate Name		Category/ Type		
Senate X President	ment For: 2008 Primary General Other (specify)			
State: District: Full Name (Last, First, Middle Initial)			Transaction ID:	. D061000
Andrew O'Leary			Date of Disburs	
Mailing Address 255 Plato Blvd E			0 2 D 2	26 7 2009
	State         Zip Code           MN         55107-1623		Amount of Each	Disbursement this Period
Purpose of Disbursement Payroll				1887.85
Candidate Name		Category/ Type		
* H	ment For: 2008 Primary General Other (specify)	Турс		
State: District:	· · · · · · · ·			
SUBTOTAL of Disbursements This Page (optional) .				4835.91

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 28 / 98
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and State		by any person fo	or the purpose of soliciting contributions
or for commercial purposes, other than using the nan	ne and address of any political c	committee to soli	cit contributions from such committee
NAME OF COMMITTEE (In Full)  Minnesota Democratic-Farmer-Labor Part	у		
Full Name (Last, First, Middle Initial)			Transaction ID: D261894
Andrew O'Leary			Date of Disbursement
Mailing Address 255 Plato Blvd E			02 2 6 7 2 0 0 9
City Saint Paul	State         Zip Code           MN         55107-1623		Amount of Each Disbursement this Period
Purpose of Disbursement Payroll			1169.22
Candidate Name		Category/ Type	
	ement For: 2008 Primary General Other (specify)	1,100	
State: District:			
Full Name (Last, First, Middle Initial) Andrew O'Leary			Transaction ID: D259742 Date of Disbursement
Mailing Address 255 Plato Blvd E			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & I & D \\ I & I \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O \end{smallmatrix} \end{bmatrix}^{Y}$
City Saint Paul	State         Zip Code           MN         55107-1623		Amount of Each Disbursement this Period
Purpose of Disbursement Payroll			1887.85
Candidate Name		Category/ Type	
Senate President	ement For: 2008 Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Andrew O'Leary			Transaction ID: D259743 Date of Disbursement
Mailing Address 255 Plato Blvd E			$\begin{bmatrix} \begin{smallmatrix} M & 2 \\ 0 & 2 \end{smallmatrix} \end{bmatrix} \   / \   \begin{bmatrix} D & 1 & 0 \\ 1 & 4 \end{bmatrix} \   / \   \begin{bmatrix} Y & Y & Y & 0 & 0 \\ Y & 2 & 0 & 0 & 9 \end{bmatrix} $
City Saint Paul	State         Zip Code           MN         55107-1623		Amount of Each Disbursement this Period
Purpose of Disbursement Payroll			1169.21
Candidate Name		Category/ Type	
9 🗎	ement For: 2008 Primary General Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)			4226.28

Any Information copied from such Roor for commercial purposes, other the	Deta  eports and Statements managements managements and Statements managements and Statements managements and Statements and S	ach category of the iled Summary Page	27	22 23 21	24 25 28c 29
or for commercial purposes, other th		over the cold or ve			
· · · · · · · · · · · · · · · · · · ·	ian using the name and a				
NAME OF COMMITTEE (In Fu Minnesota Democratic-Fari	II)	22.000 0. 0.1, point	<u></u>		
Full Name (Last, First, Middle In John Stiles	itial)			Transaction ID: D2 Date of Disbursemen	
Mailing Address 89 King S	Street E			02 11	<sup>'</sup> 2009
City St Paul	State MN	Zip Code 55107		Amount of Each Disb	
Purpose of Disbursement Payroll Candidate Name			Category/		1622.12
Office Sought: House Senate Presiden State: District:	Disbursement F  X Prima  Other		Туре		
Full Name (Last, First, Middle In John Stiles	itial)			Transaction ID: D2 Date of Disbursemen	t
Mailing Address 89 King S	Street E			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & G \end{smallmatrix} \end{bmatrix}$	Ž 0 0 9 Y
City St Paul	State MN	Zip Code 55107		Amount of Each Disb	
Purpose of Disbursement Payroll Candidate Name			Catagory		1622.12
Candidate Name			Category/ Type		
Office Sought: House Senate Presiden State: District:	Disbursement F  X Prima  t Other				
Full Name (Last, First, Middle In U.S. Postmaster	itial)			Transaction ID: D2 Date of Disbursemen	t
Mailing Address Riverview	Station			02 18	<sup>'</sup> 2009 <sup>'</sup>
City Saint Paul	State MN	Zip Code 55107		Amount of Each Disb	
Purpose of Disbursement Bulk Permit Postage Candidate Name			Catagory	L	180.00
			Category/ Type		
Office Sought: House Senate Presiden	Disbursement F  X Prima t Other				
State: District:					
					3424.24

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SCHEDULE B (FEC Form 3X)		FOR LINE	NI IMBER:	PAGE 30/98
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	X 21b 27		24 25 26 28c 29 30b
Any Information copied from such Reports and Statem				
or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full)	e and address of any political	committee to sol	icit contributions from su	ich committee
Minnesota Democratic-Farmer-Labor Party	,			
Full Name (Last, First, Middle Initial)			Transaction ID: D2	
U.S. Postmaster			Date of Disbursement	
Mailing Address Riverview Station			0 2 0 3	2009
•	State Zip Code MN 55107		Amount of Each Disb	ursement this Period
Purpose of Disbursement Bulk Rate Postage Permit				180.00
Candidate Name		Category/ Type		
• 🗎 –	ment For: 2008 Primary General Other (specify)	71		
State: District:				
Full Name (Last, First, Middle Initial) U.S. Postmaster			Transaction ID: D2 Date of Disbursement	t
Mailing Address Riverview Station			02 / 17	2009
City Saint Paul	State Zip Code MN 55107		Amount of Each Disb	ursement this Period
Purpose of Disbursement		-		2669.28
Direct Mail Postage  Candidate Name		Category/		
		Type		
Senate X President	ment For: 2008 Primary General Other (specify)			
State: District: Full Name (Last, First, Middle Initial)				
US Bank			Transaction ID: D2 Date of Disbursement	t
Mailing Address 5th and Robert St			02 / 24	2009
City Saint Paul	State Zip Code MN 55101		Amount of Each Disb	
Purpose of Disbursement Bank Service Charges				35.00
Candidate Name		Category/ Type		
· -	ment For: 2008 Primary General Other (specify)	. 300		
State: District:	· · · · · · · · · · · · · · · · · · ·			
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>		2884.28

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SCHEDULE B (FEC Form 3X)		arate schedule(s)			OR LIN			R:			PA	GE	31 / 9	98	
ITEMIZED DISBURSEMENTS		category of the Summary Page		<u> </u>	_	F	22 28a		23 28b		24 28c		25 29		26 30b
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NAME OF COMMITTEE (In Full)  Minnesota Democratic-Farmer-Labor Party	/														
Full Name (Last, First, Middle Initial) US Bank  Mailing Address 5th and Robert St							Date o		sburs		-		0 ŏ 9	) <sup>Y</sup>	
,	State MN	Zip Code 55101					Amou	nt o	f Each	ı Di	sburse				b
Purpose of Disbursement Bank Service Charges Candidate Name  Office Sought: House Disburse	ement For:	2010			egory/ vpe				•			1	11.58	3	
Senate X President State: District:	Primary Other (spe	General ecify) ▼													
Full Name (Last, First, Middle Initial) US Bank Mailing Address 5th and Robert St							Date of 0 2		sburs		-		0 ŏ s	) Y	
City	State	Zip Code					Amou	nt o	f Each	ı Di	sburse	men	t this F	Period	
Saint Paul Purpose of Disbursement Bank Service Charges	MN	55101			-			•				e	84.92	2	
Candidate Name					egory/ /pe										
9 🗎	ement For: Primary Other (spe	2010 General													
Full Name (Last, First, Middle Initial) US Bank							Trans Date of		-	_		551			
Mailing Address 5th and Robert St							0 <sup>M</sup> 2	М	<sup>D</sup> 2	28	/ Y	ž	0 0 5	) Y	
	State MN	Zip Code 55101					Amou	nt o	f Each	n Di:	sburse	men		-	d b
Purpose of Disbursement Bank Charges Candidate Name				- t-c	agon/		L.	0	•		•		70.00	)	
Office Sought: House Disburse	ement For: Primary Other (spe	2008 General			egory/ vpe										
State: District:		(Silly) •													_
SUBTOTAL of Disbursements This Page (optional) .					. •							8	66.50	)	

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	y Information copied from such Reports and Stat for commercial purposes, other than using the na				
$\rangle$	NAME OF COMMITTEE (In Full) Minnesota Democratic-Farmer-Labor Pa	ırty			
<u>/</u>	Full Name (Last, First, Middle Initial) David Wakely				Transaction ID: D261897 Date of Disbursement
	Mailing Address 1151 Hamline Ave N				$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & Z \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ D & E \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & D & E \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} Y & Y & Y & Y & Y & Y \\ D & D & E & E & E \end{smallmatrix} \end{bmatrix}$
	City Saint Paul	State MN	Zip Code 55108-2613		Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Candidate Name			Category/	1392.00
		rsement For:  X Primary Other (spe	2008 General	Туре	
	Full Name (Last, First, Middle Initial) David Wakely				Transaction ID: D259748 Date of Disbursement
	Mailing Address 1151 Hamline Ave N				$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 1 & D \\ 1 & 1 & 1 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
	City Saint Paul	State MN	Zip Code 55108-2613		Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll				1392.00
	Candidate Name			Category/ Type	
	Office Sought: House Disbu	rsement For:  X Primary  Other (spe	2008 General		
	Full Name (Last, First, Middle Initial) Anna Wojtanowicz				Transaction ID: D259747 Date of Disbursement
	Mailing Address 2700 Lake St E #2400				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ \begin{smallmatrix} M \\ & D & D \\ & & D \end{bmatrix} \ \begin{smallmatrix} M \\ & & D \\ & & D \end{bmatrix} \ \begin{smallmatrix} Y \\ & & D & O \\ & & D \\ & & D \end{bmatrix} \ \begin{smallmatrix} Y \\ & & D \\ & D \\ & & D \\ & D \\ & & D \\ & $
	City	State MN	Zip Code 55406		Amount of Each Disbursement this Period
	Minneapolis				1437.00
	Purpose of Disbursement Payroll				1437.00
	Purpose of Disbursement Payroll Candidate Name			Category/ Type	1407.00
	Purpose of Disbursement Payroll Candidate Name	rsement For:  X Primary Other (spe	2008 General		1407.00

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or for commercial purposes, other than using the name and address of any political committee to s  NAME OF COMMITTEE (In Full)  Minnesota Democratic-Farmer-Labor Party  Full Name (Last, First, Middle Initial)  Anna Wojtanowicz  Mailing Address 2700 Lake St E #2400  City  Minneapolis  Purpose of Disbursement Payroll  Candidate Name  Office Sought:  House Senate President State:  District:  Full Name (Last, First, Middle Initial)  Mary Xiong  Mailing Address  480 Hazel St N  Apt 201  City State  Zip Code  MN 55406  Purpose of Disbursement For: 2008  X Primary General Other (specify)  Milling Address  480 Hazel St N  Apt 201  City State Sitate Zip Code  MN 55119-3497  Purpose of Disbursement Payroll  Candidate Name  Category/ Type	Transaction ID: D261898 Date of Disbursement  M 2 M / D 2 B / Y 2 0 0 9  Amount of Each Disbursement this Period
Minnesota Democratic-Farmer-Labor Party  Full Name (Last, First, Middle Initial) Anna Wojtanowicz  Mailing Address 2700 Lake St E #2400  City State Zip Code Minneapolis MN 55406  Purpose of Disbursement Payroll Candidate Name Disbursement For: 2008  Senate President Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Mary Xiong  Mailing Address 480 Hazel St N Apt 201  City State Zip Code MN 55119-3497  Purpose of Disbursement Payroll Candidate Name  Category/ Type  Category/ Type	Date of Disbursement    M 2 M
Anna Wojtanowicz  Mailing Address 2700 Lake St E #2400  City State Zip Code Minneapolis MN 55406  Purpose of Disbursement Payroll  Candidate Name Category/ Type  Office Sought: House Disbursement For: 2008  Senate President State: District:  Full Name (Last, First, Middle Initial)  Mary Xiong  Mailing Address 480 Hazel St N  Apt 201  City State Zip Code Saint Paul MN 55119-3497  Purpose of Disbursement Payroll  Candidate Name  Category/ Type	Date of Disbursement    M 2 M
City State Zip Code MN 55406  Purpose of Disbursement Payroll  Candidate Name Category/ Type  Office Sought: House Senate President President State: District:  Full Name (Last, First, Middle Initial) Mary Xiong  Mailing Address 480 Hazel St N Apt 201  City State Zip Code Saint Paul MN 55119-3497  Purpose of Disbursement Payroll  Candidate Name  Category/ Type	Amount of Each Disbursement this Period
Minneapolis  Purpose of Disbursement Payroll  Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) Mary Xiong  Mailing Address 480 Hazel St N Apt 201  City State Zip Code Saint Paul MN 55119-3497  Purpose of Disbursement Payroll  Candidate Name  Category/ Type  Category/ Type	
Payroll Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) Mary Xiong  Mailing Address 480 Hazel St N Apt 201  City State Zip Code Saint Paul MN 55119-3497  Purpose of Disbursement Payroll  Candidate Name  Category/ Type	1437.00
Office Sought: House Senate President State: District: District:  Full Name (Last, First, Middle Initial) Mary Xiong  Mailing Address 480 Hazel St N Apt 201  City State Zip Code Saint Paul MN 55119-3497  Purpose of Disbursement Payroll  Candidate Name  Category/ Type	
Full Name (Last, First, Middle Initial) Mary Xiong  Mailing Address 480 Hazel St N Apt 201  City State Zip Code Saint Paul MN 55119-3497  Purpose of Disbursement Payroll  Candidate Name  Category/ Type	_
Apt 201  City State Zip Code MN 55119-3497  Purpose of Disbursement Payroll  Candidate Name Category/ Type	Transaction ID: D261892 Date of Disbursement
City State Zip Code Saint Paul MN 55119-3497  Purpose of Disbursement Payroll  Candidate Name Category/ Type	$\begin{bmatrix} \begin{smallmatrix} M & M \end{smallmatrix} & \begin{smallmatrix} J & D & D & D \end{smallmatrix} & \begin{smallmatrix} J & Y & $
Payroll Candidate Name Category/ Type	Amount of Each Disbursement this Period
Type	984.20
Office Sought: House Disbursement For: 2008	_
Senate X Primary General Other (specify) ▼	
State: District:  Full Name (Last, First, Middle Initial)  Mary Xiong	Transaction ID: D259750 Date of Disbursement
Mailing Address 480 Hazel St N Apt 201	$\begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} / \begin{bmatrix} D & D \\ 1 & 1 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y$
City State Zip Code Saint Paul MN 55119-3497	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	984.20
Candidate Name Category/	
Office Sought: House Disbursement For: 2008 Senate Verification States District: States Disbursement For: 2008    X Primary General Other (specify) ▼	
State: District:	3405.40
SUBTOTAL of Disbursements This Page (optional)	3405.40

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	ED DISBURSEN	<b>IENTS</b> for ea	ach category of the led Summary Page	(check only 21b 27	y one) 22 23 24 25 2 28a 28b 28c x 29
Any Inform	nation copied from such Romercial purposes, other th	eports and Statements ma an using the name and ad	y not be sold or use	ed by any person t	for the purpose of soliciting contributions solicit contributions from such committee
NAME	OF COMMITTEE (In Full esota Democratic-Farm	)			
	ame (Last, First, Middle Ini h Aronson	tial)			Transaction ID: D259756 Date of Disbursement
Mailing	Address 914 6th S	t E #1			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 1 & 1 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Q & Q & Y \\ 2 & 0 & Q & Y \end{bmatrix}$
City Minne	<u>'</u>	State MN	Zip Code 55106		Amount of Each Disbursement this Period
Recour	se of Disbursement nt Payroll late Name			Category/	1237.81
Office	Sought: House Senate President			Type	
	District: ame (Last, First, Middle Ini ah Aronson	Recount tial)			Transaction ID: D261899 Date of Disbursement
Mailing	Address 914 6th S	t E #1			$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ D & Z & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & Z & D \\ D & Z & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & D & D & Y \end{smallmatrix} \end{bmatrix}$
City Minne	eapolis	State MN	Zip Code 55106		Amount of Each Disbursement this Period
	se of Disbursement nt Payroll				1237.81
				Category/	
	late Name			Туре	
Candid Office S	Sought: House Senate President			Туре	
Office S State:	Sought: House Senate	Primar X Other (	y General	Туре	Transaction ID: D272321 Date of Disbursement
Candid Office S State: Full Na Josep	Sought: House Senate President District:	Primar X Other ( Recount	y General	Туре	
Candid Office S State: Full Na Josep	Sought:  Senate  President  District:  ame (Last, First, Middle Ini h Aronson  Address  914 6th St	Primar X Other ( Recount	y General	Туре	Date of Disbursement  O 2
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Candid Office S State: Full Na Josepi Mailing City Minne Purpos Recour Candid	Sought:  Senate  Senate  President  District:  Imme (Last, First, Middle Inith Aronson  Address  914 6th Sepapolis  President  Presi	Primar  X Other (  Recount  tial)  State  MN  Stipend  Disbursement For Primar	y General specify) ▼  Zip Code 55106	Category/	Date of Disbursement    M

CHEDULE B (FEC FOIII 3X)	Use separate schedule(	s) FOR LINE (check onl	E NUMBER: PAGE 35/98
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 28a 28b 28c X 29
ny Information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any politic		
Minnesota Democratic-Farmer-Labor F	rarty		
Full Name (Last, First, Middle Initial) John Barriere  Mailing Address 9 New York Street			Transaction ID: D272307 Date of Disbursement  M D D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Dover	State Zip Code NH 03820		Amount of Each Disbursement this Perio
Purpose of Disbursement Recount Mileage Candidate Name		Category/	364.51
Senate President	ursement For: 2008 Primary Genera X Other (specify)	Туре	-
Full Name (Last, First, Middle Initial) Kent C Berg	oun.		Transaction ID: D261900 Date of Disbursement
Mailing Address 369 Laurel Ave #306			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & Z & M \end{smallmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & Q \\ Y & Z & Q & Q & Q \end{bmatrix}$
City Saint Paul	State Zip Code MN 55102		Amount of Each Disbursement this Perio
Purpose of Disbursement Recount Payroll			1160.81
Candidate Name		Category/ Type	
Senate President	ursement For: 2008 Primary General X Other (specify) ▼ ount		
Full Name (Last, First, Middle Initial) Kent C Berg	ount		Transaction ID: D259757 Date of Disbursement
Mailing Address 369 Laurel Ave #306			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 1 & D \\ 1 & 1 & 1 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & 0 & 0 & 9 \\ & 2 & 0 & 0 & 9 \end{bmatrix}$
City Saint Paul	State Zip Code MN 55102		Amount of Each Disbursement this Perio
Purpose of Disbursement Recount Payroll			1160.81
Candidate Name		Category/ Type	
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NAME OF COMMITTEE (In Full) Minnesota Democratic-Farmer-Labor Part	1		
Full Name (Last, First, Middle Initial) Bes Cleaning Company			Transaction ID: D272529 Date of Disbursement
Mailing Address 2818 Western Avenue			$\begin{bmatrix}\begin{smallmatrix}M & 2 & M \\ 0 & 2 & M \end{smallmatrix}\end{bmatrix} \   \begin{bmatrix}\begin{smallmatrix}D & 1 & D \\ 1 & 7 \end{smallmatrix}\end{bmatrix} \   \begin{bmatrix}\begin{smallmatrix}Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix}\end{bmatrix}$
City Saint Paul	State Zip Code MN 55113		Amount of Each Disbursement this Period
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Candidate Name		Category/ Type	
Senate President X	ement For: 2010 Primary General Other (specify)		
State: District: Recour  Full Name (Last, First, Middle Initial)	ıt		Transaction ID: D259755
Mary Breitenstein			Date of Disbursement
Mailing Address 5144 Xerxes Ave S			$\begin{bmatrix} 0 & 2 & \\ 0 & 2 & \\ \end{bmatrix} / \begin{bmatrix} 0 & 1 & 1 \\ 1 & 1 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 2 & 0 & 0 & 9 \end{bmatrix}$
City Minneapolis	State Zip Code MN 55410-2254		Amount of Each Disbursement this Perio
Purpose of Disbursement Recount Payroll			1344.91
Candidate Name		Category/ Type	
Office Sought:  Senate  President  State:  Disburse  X  Recour			
Full Name (Last, First, Middle Initial) Mary Breitenstein			Transaction ID: D261901 Date of Disbursement
Mailing Address 5144 Xerxes Ave S			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ D & E \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & Q \\ Y & Z & O & Q & Q \end{bmatrix} $
City Minneapolis	State         Zip Code           MN         55410-2254		Amount of Each Disbursement this Perio
Purpose of Disbursement Recount Payroll			1344.92
Candidate Name		Category/ Type	
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State: District: Recour	II.		2789.83

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			E NUMB	ER:		P	AGE	37 /	98
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			27	28a		28b	28c	Х	29	30b
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NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , ,									
Minnesota Democratic-Farmer-Labor Pari	y									
Full Name (Last, First, Middle Initial) Laura Cederberg						ion ID:	: D261	902		
Mailing Address 5705 Camelback Drive				0 <sup>M</sup> 2	2 M	/ D2	26	ž	o ŏ s	) Y
City Edina	State Zip Code MN 55436			Amo	unt c	f Each	Disburse	ement	this I	Period
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Candidate Name		Catego Type	,							
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Full Name (Last, First, Middle Initial) Laura Cederberg				Date	of D	isburs		759		
Mailing Address 5705 Camelback Drive				0 2	2 M	/ <b>1</b>	1 /	ž	o ŏ s	) Y
City Edina	State Zip Code MN 55436			Amo	unt c	f Each	Disburse			-
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Full Name (Last, First, Middle Initial) Laura Cederberg				Date	of D	isburs		317		
Mailing Address 5705 Camelback Drive				0 2	2 M	/ D	9 /	ž	o ŏ s	) Y
City Edina	State Zip Code MN 55436			Amo	unt c	f Each	Disburse	ement	this I	Period
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TOTAL This Period (last page this line number only) ......

SCHEDULE B (FEC FOIIII 3X)	Use sepai	rate schedule(s)		check on	E NUMBE	H:	L	PAGE 3	88 / 98
ITEMIZED DISBURSEMENTS	Detailed S	ategory of the summary Page		21b 27	22 28a	23 28k		c X 2	25
Any Information copied from such Reports and or for commercial purposes, other than using th									
NAME OF COMMITTEE (In Full) Minnesota Democratic-Farmer-Labor	Party								
Full Name (Last, First, Middle Initial) Center Point Energy							<b>D</b> : D27	2312	
Mailing Address PO Box 1297					0 <sup>M</sup> 2	M / [	19	y žo	<sup>°</sup> 9 9
City Minneapolis	State MN	Zip Code 55472-0001			Amou	nt of Ea	ch Disbur		
Purpose of Disbursement Recount Utilities								16	1.58
Candidate Name				egory/ ype					
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Center Point Energy					Date		<b>D:</b> D27 rsement		V ' V
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City Minneapolis	State MN	Zip Code 55472-0001			Amou	nt of Ea	ch Disbur		
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Full Name (Last, First, Middle Initial) Center Point Energy					Date	of Disbu	D: D27		
Mailing Address PO Box 1297					0 <sup>M</sup> 2	M / L	19	y žo	09
City Minneapolis	State MN	Zip Code 55472-0001			Amou	nt of Ea	ch Disbur		
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				ype					
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	y Information copied from such Reports and S for commercial purposes, other than using the											
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<u>/</u>	Full Name (Last, First, Middle Initial)					Trans	sacti	on ID	: D2	7231	9	
	Geraldeen Chester							sburs	ement	: Y	YY	/ ` Y
	Mailing Address 96152 Glenwood Ro	ad				0 <sup>M</sup> 2		1	9		ž 0 č	9
	City Yulee	State Zip Code FL 32097				Amou	unt of	Each	Disb	ursem	ent thi	s Peric
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	Recount Travel Expenses		1									
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	Office Sought: House Dist Senate President	oursement For: 2008 Primary General X Other (specify) ▼	•									
		count										
	Full Name (Last, First, Middle Initial) Warren Clafin								: D2 ement	_	24	
	Mailing Address 321 4th Ave S					0 <sup>M</sup> 2	M	D 1	9	Y	200	9
	City South Saint Paul	State Zip Code MN 55075				Amou	unt of	Each	Disb	ursem	ent thi	
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	Full Name (Last, First, Middle Initial) Warren Clafin					<b>Trans</b> Date			: D2		25	
	Mailing Address 321 4th Ave S					0 <sup>M</sup> 2	M	D 1	9	Y	žoč	9
	City South Saint Paul	State Zip Code MN 55075				Amou	unt of	Each	Disb	ursem	ent thi	s Perio
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	State: District: Rec	count					_					

SCHEDOLE B (I LC I OIIII 5X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 40 / 98 (check only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b   22   23   24   25
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Full Name (Last, First, Middle Initial)		Transaction ID: D261903
Warren Clafin		Date of Disbursement  M M D D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 321 4th Ave S	7.0.1	
City South Saint Paul	State Zip Code MN 55075	Amount of Each Disbursement this Period
Purpose of Disbursement Recount Payroll		1160.81
Candidate Name	Т	egory/ ype
Senate President	ement For: 2008 Primary General Other (specify)	
State: District: Recou	nt	Transaction ID: D259758
Warren Clafin		Date of Disbursement
Mailing Address 321 4th Ave S		02 11 1 7 2 0 0 9
City South Saint Paul	State Zip Code MN 55075	Amount of Each Disbursement this Perio
Purpose of Disbursement Recount Payroll		1160.81
Candidate Name	I	egory/ ype
Senate	ement For: 2008 Primary General Other (specify)   nt	
Full Name (Last, First, Middle Initial) Nathan Clark		Transaction ID: D272344 Date of Disbursement
Mailing Address 5 Woodhill Road		02 0 0 9
City St. CLoud	State Zip Code MN 56301	Amount of Each Disbursement this Perio
Purpose of Disbursement Recount Travel Expenses		325.62
Candidate Name		egory/ ype
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NAME OF COMMITTE	, ,													
/ Minnesota Democra	itic-Farmer-Lab	or Party												
Full Name (Last, First,	Middle Initial)							Trans	acti	on ID:	D272	322		
Sarah Duevel										isburse		y	V	7
Mailing Address 32	24 West 9th Str	reet						0 <sup>M</sup> 2		1	9 /	20	) Ď 9	
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-	Senate President		Primary Other (spe	General										
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Sarah Duevel									_	isburse		v '''	V * .	
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City Mankato			State MN	Zip Code 56001				Amou	nt o	f Each	Disburse	ement t	his Pe	rio
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Mailing Address Fe	ederal Witholdin	ng Taxes	i					0 2	М	<sup>/</sup> 1	<sup>D</sup> /	ž0	) Ď 9	
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<u> </u>	Full Name (Last, First, Middle Initial) lan Fischer  Mailing Address 2805 Polk Street						of Di	sburs		25979 t	98 Ž 0 Ŏ	9 Y
	City Minneapolis Purpose of Disbursement	State Zip Code MN 55418				Amou	int o	Each	Disb	ursem	nent this	-
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lar —	Il Name (Last, In Fischer Hailing Address	First, Middle Initial)  2805 Polk Stre	et							of D	isburs	D2 ement		8 2009	e Y
City				State MN	Zip Code 55418				Amo	unt c	of Each	n Disbu	ırseme	ent this F	Period
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee  NAME OF COMMITTEE (in Full)  Minnesota Democratic-Farmer-Labor Party  Full Name (Last, First, Middle Initial)  HealthPartners  Mailing Address 8170 33rd Ave S  City State Zip Code Bloomington Min 55425  City Senate Primary General X Other (specify) ▼  Full Name (Last, First, Middle Initial)  HealthPartners  Mailing Address 8170 33rd Ave S  City State District: Recount  Full Name (Last, First, Middle Initial)  HealthPartners  Mailing Address 8170 33rd Ave S  City State District: Recount  Full Name (Last, First, Middle Initial)  HealthPartners  Mailing Address 8170 33rd Ave S  City Bloomington Min 55425  City Bloomington State Zip Code Bloomington Min 55425  Purpose of Disbursement Recount Health Insurance  Candidate Name  Office Sought: House President Recount  Mailing Address 3040 Timothy Drive NW  City Salem OR 97304  Purpose of Disbursement  Recount Consulting Services  Candidate Name  Office Sought: House President Recount Consulting Services  Candidate Name  Office Sought: House President Presiden	ITEMIZED DISBURSE	MENTS for each	h category of the	check on	22 23 24	
NAME OF COMMITTEE (In Full) Minnesota Democratic-Farmer-Labor Party  Full Name (Last, First, Middle Initial) HealthPartners  Mailing Address 8170 33rd Ave S  City State Zip Code Bloomington MN 55425  Purpose of Disbursement Recount Health Insurance Candidate Name  Office Sought: House President Senate President Slate: District: Recount HealthPartners  Mailing Address 8170 33rd Ave S  City State Zip Code Category/ Type  Office Sought: House President Partners  Mailing Address 8170 33rd Ave S  City State Zip Code MN 55425  City State Zip Code Senate President State: District: Recount For: 2008  Primary General President State Zip Code OR 97304  Purpose of Disbursement Recount For: 2008  Primary General President State Zip Code OR 97304  Purpose of Disbursement Recount For: 2008  Primary General President State Zip Code OR 97304  Purpose of Disbursement Recount For: 2008  Primary General President State Zip Code OR 97304  Purpose of Disbursement Recount For: 2008  Primary General President State Zip Code OR 97304  Purpose of Disbursement Recount Consulting Services Candidate Name  Office Sought: House Senate President State General President State State Senate President State General President State State Senate President State State State State State State Senate President State State State State State State State State S					for the purpose of soliciting contribu	
HealthPartners	NAME OF COMMITTEE (In Fi	ıll)				
City Bloomington MN 55425  Purpose of Disbursement Recount Health Insurance  City State: Disbursement Recount Health Insurance  City Bloomington MN 55425  Full Name (Last, First, Middle Initial)  HealthPartners  Malling Address 3040 Timothy Drive NW  City Salem QR 97304  President Recount Consulting Services  Candidate Name  Category/ Type  Amount of Each Disbursement this F 6784.10  Transaction ID: D272517  Date of Disbursement this F 6784.10  Category/ Type  Amount of Each Disbursement this F 6784.10  Transaction ID: D272517  Date of Disbursement this F 6784.10  Amount of Each Disbursement this F 6784.10  Category/ Type  Transaction ID: D259810  Date of Disbursement  O'2 ** O 9 9' ** 2 0 0 9  Transaction ID: D259810  Date of Disbursement  O'2 ** O 9 9' ** 2 0 0 9  Category/ Type  Office Sought: State Zip Code OR 97304  Purpose of Disbursement  Recount Consulting Services  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Primary Ge		nitial)				
Bloomington MN 55425 Purpose of Disbursement Recount Health Insurance Candidate Name  Office Sought: House Senate Primary General Primary General Recount Health Insurance  Full Name (Last, First, Middle Initial) HealthPartners  Mailing Address 8170 33rd Ave S  City State Zip Code Bloomington MN 55425  City Senate President Recount Health Insurance Candidate Name  Office Sought: House President Senate Primary General Recount Health Insurance Candidate Name  Office Sought: House President State Primary General Recount Health Insurance Candidate Name  Office Sought: House President State Primary General Recount Health Insurance Candidate Name  Office Sought: House President State Primary General Recount Category/ Type  Office Sought: House Primary General Recount Consulting Services  Candidate Name  Office Sought: House Primary General Recount Consulting Services  Candidate Name  Office Sought: House Primary General Recount Consulting Services  Candidate Name  Office Sought: House Primary General Recount Consulting Services  Candidate Name  Office Sought: House Primary General Recount Consulting Services  Candidate Name  Office Sought: House Primary General Recount Consulting Services  Office Sought Primary General Recount Consulting Services  Office	Mailing Address 8170 33r	d Ave S			0 2 M / D B / Y Y	0 0 9
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Full Name (Last, First, Middle Initial) HealthPartners  Mailing Address 8170 33rd Ave S  City State Zip Code Bloomington MN 55425  Purpose of Disbursement Recount Health Insurance Candidate Name  Office Sought: House Senate Primary General X Other (specify) ▼ 2 0 0 9  Full Name (Last, First, Middle Initial) William Howell  Mailing Address 3040 Timothy Drive NW  City State Zip Code OR 97304  Category/ Type  Office Sought: House OR 97304  Category/ Type  Category/ Type  Office Sought: House Senate Primary General Y Zip Code OR 97304  Category/ Type  Office Sought: House Senate Primary General Y Zip Code Office Sought: House Senate Primary General Y Zip Code Office Sought: House Senate Primary General Y Zip Code Office Sought: Senate Primary General Y Zip Code Office Sought: Y Zip Code Office So	Senate Preside	Primary X Other (s	General			
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City Bloomington  State Zip Code MNN 55425  Purpose of Disbursement Recount Health Insurance Candidate Name  Office Sought: House Senate President Nilliam Howell  Mailling Address 3040 Timothy Drive NW  City Salem OR 97304  Purpose of Disbursement For: 2008 Salem OR 97304  Purpose of Disbursement Recount Consulting Services Candidate Name  Disbursement For: 2008 Senate Primary General Amount of Each Disbursement this Formary General Salem OR 97304  Amount of Each Disbursement this Formary General Salem OR 97304  Amount of Each Disbursement this Formary General Salem OR 97304  Amount of Each Disbursement this Formary General Salem OR 97304  Amount of Each Disbursement this Formary General Salem OR 97304	•	illiai)			Date of Disbursement	VVV
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Senate Primary General X Other (specify) ▼  State: District: Recount  Full Name (Last, First, Middle Initial) William Howell  Mailing Address 3040 Timothy Drive NW  City State Zip Code Salem OR 97304  Purpose of Disbursement Recount Consulting Services  Candidate Name  Office Sought: House Senate Primary General X Other (specify) ▼  Other (specify) ▼  Transaction ID: D259810  Date of Disbursement  Amount of Each Disbursement this F  Category/ Type  Office Sought: House Senate Primary General X Other (specify) ▼						
Full Name (Last, First, Middle Initial) William Howell  Mailing Address 3040 Timothy Drive NW  City State Zip Code OR 97304  Purpose of Disbursement  Recount Consulting Services  Candidate Name  Disbursement For: 2008 Senate Primary General President  X Other (specify)	Senate	Primary	General			
William Howell  Mailing Address 3040 Timothy Drive NW  City State Zip Code Salem OR 97304  Purpose of Disbursement Recount Consulting Services  Candidate Name  Date of Disbursement  Amount of Each Disbursement this F  Category/ Type  Office Sought: House Senate Primary General  President X Other (specify) ▼					Transaction ID: D050010	
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NAME OF COMMITTEE (In Full)  Minnesota Democratic-Farmer-Labor	Party		
Full Name (Last, First, Middle Initial) Lockridge Grindal Nauen PLLP			Transaction ID: D259789 Date of Disbursement
Mailing Address 100 Washington Av	e S, Ste 2200		$ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} \begin{bmatrix} D & D & D \\ 0 & 3 \end{bmatrix} \begin{bmatrix} Y & Y & Y & 0 & 0 & 9 \\ 2 & 0 & 0 & 9 \end{bmatrix} $
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Mailing Address 100 Washington Av	e S, Ste 2200		$ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} \begin{bmatrix} D & D & D \\ 0 & 3 \end{bmatrix} \begin{bmatrix} Y & 2 & 0 & 0 & 9 \\ 2 & 0 & 0 & 9 \end{bmatrix} $
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Purpose of Disbursement Recount Copying and Reseach Expense			252.76
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SUBTOTAL of Disbursements This Page (opti	onal)		32573.63

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	NAME OF COMMITTEE (In Full) Minnesota Democratic-Farmer-Labor Par	ty		
r	Full Name (Last, First, Middle Initial) Brian Madigan			Transaction ID: D259813 Date of Disbursement
	Mailing Address 5707 Highway 7 #428			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & J \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & P \end{smallmatrix} \end{bmatrix}$
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	Full Name (Last, First, Middle Initial) Brent Malvick			Transaction ID: D272320 Date of Disbursement
	Mailing Address 222 W 1st St			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ I & D \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ I & D & D \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ I & D & I & I \end{smallmatrix} \end{bmatrix} $
	City Duluth	State Zip Code MN 55802		Amount of Each Disbursement this Period
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Full Name (Last, First, Middle Initial) Maslon Edelman Borman & Brand, LLP									D259	9794		
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City Mankato	State MN	Zip Code 56001				Amou	nt of	Each	Disburs	semen	t this F	'erio
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	Mailing Address PO Box 821						0 <sup>M</sup> 2	М	/		3	/	Ž	o ŏ s	9 <sup>Y</sup>
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	City Minneapolis	State MN	Zip Code 55454				Amo	unt d	of E	ach	Disb	urse	ment	this I	Period
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Full Name (Last, First, Middle Initial) John T Moore  Mailing Address 421 Cedar Ave #3							isburs				0 ŏ 9	Y
City Minneapolis Purpose of Disbursement Recount Stipend	State Zip Code MN 55454		•		Amou	int o	f Each	n Dis	burse		this P	-
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City Saint Paul  Purpose of Disbursement Recount Meeting Room Rental	State Zip Code MN 55101	Tr	•						burse	ement	this P	eriod
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Full Name (Last, First, Middle Initial) Lakes & Plains Regional Council  Mailing Address 700 Olive St				saction ID of Disburs		797 ´ 2009	9 <sup>Y</sup>
City Saint Paul	State Zip Code MN 55101		Amo	unt of Each	Disburse	ement this	Period
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Daniel J Olmschenk			Date	of Disburs	ement		V
Mailing Address 2628 Harriet Ave, #4			0 <sup>M</sup> 2	M / D		ŽOŎS	э <sup>*</sup>
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Candidate Name		Category Type					
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Full Name (Last, First, Middle Initial) Daniel J Olmschenk			_	saction ID of Disburs	ement		
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<u>/</u>	Full Name (Last, Daniel J Olms	First, Middle Initial) chenk								n ID: burse	D272 ment	2332		
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NAME OF COMMITTEE (In Full)  Minnesota Democratic-Farmer-Labor Par			
Full Name (Last, First, Middle Initial)			Transaction ID: D259812
Amanda Peel			Date of Disbursement
Mailing Address 1677 Sherburne			02 13 7 2009
City Saint Paul	State Zip Code MN 55107		Amount of Each Disbursement this Period
Purpose of Disbursement	33.37		1500.00
Recount Consulting Services			
Candidate Name		Category/ Type	
Senate President	ement For: 2008 Primary General Other (specify)		
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Full Name (Last, First, Middle Initial) Rice County Auditor			<b>Transaction ID:</b> D272340 Date of Disbursement
Mailing Address 320 3rd St NW			$\begin{bmatrix} \begin{smallmatrix} M \\ O & Z \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D \\ Z & A \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y \\ Z & O & O & Y \end{smallmatrix} \end{bmatrix} $
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Senate	ement For: 2008 Primary General Other (specify)	,,	
Full Name (Last, First, Middle Initial) Jack Roos	<u></u>		Transaction ID: D272329 Date of Disbursement
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Full Name (Last, First, Middle Initial)			Transaction ID: D259754
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City	State Zip Code MN 55406-2521		Amount of Each Disbursement this Period
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City Saint Paul	State Zip Code MN 55102		Amount of Each Disbursement this Period
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$\rangle$	NAME OF COMMITTEE (In Full) Minnesota Democratic-Farmer-Labo	or Party			
<u> </u>	Full Name (Last, First, Middle Initial) John Ward				Transaction ID: D272334 Date of Disbursement
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	Senate President	Disbursement For: 2008  Primary Gene  X Other (specify) ▼	ral		
	State: District:         Full Name (Last, First, Middle Initial) John Ward	Recount			Transaction ID: D272335 Date of Disbursement
	Mailing Address 840 Tuscarora Av	e			02
	City Saint Paul	State Zip Code MN 55102			Amount of Each Disbursement this Perio
	Purpose of Disbursement Recount Stipend				500.00
	Candidate Name		C	ategory/ Type	
	Senate President	Disbursement For: 2008 Primary Gene  X Other (specify) ▼ Recount	eral		
	Full Name (Last, First, Middle Initial) Graham Wilson				Transaction ID: D272336 Date of Disbursement
	Mailing Address 935 17th Ave SE				$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ D & Z & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D & D \\ D & Z & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & D & D & Y \end{bmatrix}$
	City Minneapolis	State Zip Code MN 55414-24	113		Amount of Each Disbursement this Perio
	Purpose of Disbursement Recount Stipend Candidate Name			category/	500.00
	Senate President	Disbursement For: 2008 Primary Gene X Other (specify) ▼ Recount	eral	Туре	

CHEDULE B (FEC FUIII 3X)	Use separate sched	lule(s)   (check on	E NUMBER: PAGE 59 / 98
TEMIZED DISBURSEMENTS	for each category of Detailed Summary R	the (check on	22   23   24   25
ny Information copied from such Reports and r for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full)  Minnesota Democratic-Farmer-Labor	Party		
Full Name (Last, First, Middle Initial) Graham Wilson			Transaction ID: D272337 Date of Disbursement
Mailing Address 935 17th Ave SE			$\begin{bmatrix} 0 & 2 & M & / & D & 2 & 7 & / & 2 & 0 & 0 & 9 \end{bmatrix}$
City Minneapolis	State Zip Code MN 55414-		Amount of Each Disbursement this Perio
Purpose of Disbursement Recount Stipend Candidate Name		Category/	500.00
Senate President	X Other (specify) ▼	Type	
State: District: Ro Full Name (Last, First, Middle Initial) Graham Wilson	ecount		Transaction ID: D259806 Date of Disbursement
Mailing Address 935 17th Ave SE			$\begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} / \begin{bmatrix} D & 0 & 6 \\ 0 & 6 \end{bmatrix} / \begin{bmatrix} Y & Y & 0 & 0 & 9 \\ 2 & 0 & 0 & 9 \end{bmatrix}$
City Minneapolis	State Zip Code MN 55414-		Amount of Each Disbursement this Perio
Purpose of Disbursement Recount Stipend			500.00
Candidate Name	above and Face	Category/ Type	
Senate President	sbursement For: 2008 Primary Ge X Other (specify)  ecount	a neral	
State: District: Reference Full Name (Last, First, Middle Initial) Graham Wilson	ecount		Transaction ID: D259807 Date of Disbursement
Mailing Address 935 17th Ave SE			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & J \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & D & D \\ Z & D & D & D \end{bmatrix}$
City Minneapolis	State Zip Code MN 55414-		Amount of Each Disbursement this Perio
Purpose of Disbursement Recount Stipend			500.00
Candidate Name  Office Sought: House Di	sbursement For: 2008	Category/ Type	
Senate President	Primary Gel X Other (specify)	neral	
State: District: Re	ecount		
			1500.00

		rate schedule(s)		R LINE neck onl				PAGE 60	7 00
TEMIZED DISBURSEMENT	Detailed S	category of the Summary Page		21b 27	22 28a	23 28b	24 280		
Any Information copied from such Reports a prior commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name and addres								
/ Minnesota Democratic-Farmer-Lal	oor Party								
Full Name (Last, First, Middle Initial) Nicole Wittig-Geske					Date o	of Disbur	D: D259 sement	9815 Ý Ž 0 Č	Y O
Mailing Address 1403 Lydia Circle	<b>e</b>				0 2		13	200	, 3
City Stillwater	State MN	Zip Code 55082			Amou	nt of Eac	h Disburs	ement this	
Purpose of Disbursement Recount Consulting Services			0.1		L.			1500.	00
Candidate Name			Categ Typ	-					
Office Sought: House Senate President	Disbursement For: Primary X Other (spe	2008 General cify)							
State: District:	Recount								
Full Name (Last, First, Middle Initial) Nicole Wittig-Geske					Date o	of Disbur			. V
Mailing Address 1403 Lydia Circle	е				0 2	M / D	2 <sup>D</sup> /	žoč	9 '
City Stillwater	State MN	Zip Code 55082			Amou	nt of Eac	h Disburs	ement this	
Purpose of Disbursement Recount Consulting Services								1500.	00
Candidate Name			Categ Typ	-					
Office Sought: House Senate President	Disbursement For: Primary X Other (spe	2008 General							
State: District:	Recount								
Full Name (Last, First, Middle Initial) Xcel Energy					Date of	of Disbur			V
Mailing Address 414 Nicollet Mall					0 2		2 4 /	žoč	9
City Minneapolis	State MN	Zip Code 55401-1927			Amou	nt of Eac	h Disburs	ement this	-
Purpose of Disbursement Recount Utilities								199.	04
Candidate Name			Categ Typ						
Office Sought: House Senate President	Disbursement For: Primary X Other (spe	2008 General cify) ▼							
	Recount								
State: District:	riecount								

В.

President District:

Recount

-9	5// 20001100010			
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Τ	EMIZED DISBURSEMENTS		(Check on	y one)  22
	y Information copied from such Reports and for commercial purposes, other than using t			
$\rangle$	NAME OF COMMITTEE (In Full) Minnesota Democratic-Farmer-Labo	or Party		
	Full Name (Last, First, Middle Initial) Xcel Energy  Mailing Address 414 Nicollet Mall			Transaction ID: D272310 Date of Disbursement  0 2 18 7 2 0 0 9
	City Minneapolis	State Zip Code MN 55401-192	7	Amount of Each Disbursement this Period
	Purpose of Disbursement Recount Utilities		•	785.60
	Candidate Name		Category/ Type	
	Senate President	Disbursement For: 2008  Primary General  X Other (specify) ▼		
		Recount		
	Full Name (Last, First, Middle Initial) Elizabeth S Young			Transaction ID: D272343 Date of Disbursement
	Mailing Address 1614 laurel Ave			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Saint Paul	State Zip Code MN 55104		Amount of Each Disbursement this Period
	Purpose of Disbursement Recount Mileage			216.37
	Candidate Name		Category/ Type	
	Office Sought: House Senate President	Disbursement For: 2008 Primary General X Other (specify)		

SUBTOTAL of Disbursements This Page (optional)		1001.97
GODI GIAE of Dispursements This rage (optional)	<u> </u>	
TOTAL This Period (last page this line number only)	•	269718.77

State:

A.

В.

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 62/98
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
TI LIMIZED DISBORSLIMENTS	Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c 29 X 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
Minnesota Democratic-Farmer-Labor Part	У		
Full Name (Last, First, Middle Initial)			Transaction ID: D272520
Julia Buck			Date of Disbursement
Mailing Address 1516 Iglehart Ave			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & A \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & O & O \\ Y & Z & O & O & O \end{bmatrix} $
City Saint Paul	State Zip Code MN 55104		Amount of Each Disbursement this Period
Purpose of Disbursement GOTV Supplies			27.09
Candidate Name		Category/ Type	
	ement For: 2008 Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial)			Transaction ID: D261877
Financial Innovations			Date of Disbursement
Mailing Address 1 Weingeroff Blvd			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & A \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Q & O & O \end{smallmatrix} \end{bmatrix} $
City Cranston	State         Zip Code           RI         02910-4019		Amount of Each Disbursement this Period
Purpose of Disbursement Rally Signs- Obama			175.00
Candidate Name		Category/ Type	
Senate X President	ement For: 2008 Primary General Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	<b>&gt;</b>	202.09
TOTAL This Period (last page this line number only)	<b></b>	202.09

# Image# 29991783372 PAGE 63 / 98 SCHEDULE D (FEC Form 3X) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Minnesota Democratic-Farmer-Labor Party A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Avenet LLC Web Page Programming Mailing Address 400 Sibley St Ste 560 City State ZIP Code Saint Paul MN 55101-3170 Outstanding Balance Beginning This Period Transaction ID: D219861 586.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 586.50 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Web Page Programming Avenet LLC Mailing Address 400 Sibley St Ste 560 State ZIP Code City Saint Paul MN 55101-3170 Outstanding Balance Beginning This Period Transaction ID: D27969 2695.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 2695.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Best Western Inn Thief River Falls Travel Expenses Mailing Address 1060 Highway 32 South ZIP Code

1) SUBTOTALS This Period This Page (optional)	•			 _;	3367	7.75	5	
2) TOTALS This Period (last page this line number only)	_			 				1
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<b>&gt;</b>			_			_	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	_ ▶		 	 _				

Payment This Period

0.00

56701

Transaction ID: D219896

Outstanding Balance at Close of This Period

86.25

City

Thief River Falls

State

MN

86.25

0.00

Outstanding Balance Beginning This Period

Amount Incurred This Period

# PAGE 64 / 98 SCHEDULE D (FEC Form 3X) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Minnesota Democratic-Farmer-Labor Party A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Coates Plaza Hotel Staff Lodging Mailing Address 502 Chestnut St City State ZIP Code Virginia MN 55792-2532 Outstanding Balance Beginning This Period Transaction ID: D27723 1697.15 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1697.15 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Web Page Data Hosting Convio Mailing Address PO Box 671445 7IP Code City State Dallas 75267-1445 TX Outstanding Balance Beginning This Period Transaction ID: D27461 1700.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1700.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Web Page Data Host Convio Mailing Address PO Box 671445 ZIP Code City State Dallas 75267-1445 TΧ Outstanding Balance Beginning This Period Transaction ID: D219888 825.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 825.00 4222.15 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

(Use separate schedule(s) for each

PAGE 65 / 98

FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Minnesota Democratic-Farmer-Labor Party A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Dell Computers** Computer Equipments Mailing Address PO Box 9020 City ZIP Code **Des Moines** IΑ 50368-9020 Outstanding Balance Beginning This Period Transaction ID: D21467 1529.14 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1529.14 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Expedite Party Fundraising Mail Mailing Address 3770 Dunlap St N 7IP Code City State Arden Hills MN 55112-6907 Outstanding Balance Beginning This Period Transaction ID: D27286 2053.46 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 2053.46 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Expedite Direct Mail Fundraising Mailing Address 3770 Dunlap St N State ZIP Code City Arden Hills MN 55112-6907 Outstanding Balance Beginning This Period Transaction ID: D27715 742.71 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 742.71 4325.31 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

# PAGE 66 / 98 SCHEDULE D (FEC Form 3X) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Minnesota Democratic-Farmer-Labor Party A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Expedite Direct Mail Fundraising Mailing Address 3770 Dunlap St N City ZIP Code Arden Hills MN 55112-6907 Outstanding Balance Beginning This Period Transaction ID: D27833 2157.84 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2157.84 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Expedite Direct Mail Fundraising Mailing Address 3770 Dunlap St N 7IP Code City State Arden Hills MN 55112-6907 Outstanding Balance Beginning This Period Transaction ID: D27970 2438.72 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2438.72 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Expedite Party Fundraising Mail Mailing Address 3770 Dunlap St N State ZIP Code City Arden Hills MN 55112-6907 Outstanding Balance Beginning This Period Transaction ID: D219889 3278.42 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3278.42 7874.98 1) SUBTOTALS This Period This Page (optional).....

2) TOTALS This Period (last page this line number only).....

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

# PAGE 67 / 98 SCHEDULE D (FEC Form 3X) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Minnesota Democratic-Farmer-Labor Party A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Global Financial Services Mail Equipment Lease Mailing Address PO Box 856460 City ZIP Code Louisville KY 40285-6460 Outstanding Balance Beginning This Period Transaction ID: D27840 2160.34 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2160.34 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Direct Mail Fundraising & Receipt Forms Honsa-Binder Printing Mailing Address 320 Spruce St 7IP Code City State Saint Paul MN55101-2445 Outstanding Balance Beginning This Period Transaction ID: D27462 1187.74 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 1187.74 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Honsa-Binder Printing Direct Mail Fundraising Mailing Address 320 Spruce St ZIP Code City State Saint Paul MN 55101-2445 Outstanding Balance Beginning This Period Transaction ID: D27713 1153.16 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1153.16 4501.24 1) SUBTOTALS This Period This Page (optional).....

2) TOTALS This Period (last page this line number only).....

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

Saint Paul

City

City

Saint Paul

Saint Paul

Honsa-Binder Printing

Honsa-Binder Printing

Mailing Address 320 Spruce St

Mailing Address 320 Spruce St

# SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS Excluding Loans NAME OF COMMITTEE (In Full) Minnesota Democratic-Farmer-Labor Party A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Honsa-Binder Printing Mailing Address 320 Spruce St City State ZIP Code

55101-2445

ZIP Code

ZIP Code

55101-2445

55101-2445

Payment This Period

Payment This Period

0.00

0.00

0.00

MN

400.48

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

State

MN

4319.11

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

State

MN

7192.12

0.00

0.00

Outstanding Balance Beginning This Period

Amount Incurred This Period

Outstanding Balance Beginning This Period

Amount Incurred This Period

Outstanding Balance Beginning This Period

Amount Incurred This Period

se separate	PAGE 68 / 98									
chedule(s)	FOR LINE NUMBER:									
for each (	(check only one) 9									
mbered line)	X 10									
	L 1 -									
Nothing of D	-ht (Durnage):									
	ebt (Purpose):									
Direct Mail Fundraising Supplies										
- Supplies										
Trai	nsaction ID: D27965									
IIa	isaction ib. D2/300									
<b>2</b> 1-1	District Posterior									
Outstandir	ng Balance at Close of This Period									
7   ' '	400.48									
T (5										
	ebt (Purpose):									
Direct Ma	I Fundraising									
Tra	nsaction ID: D28191									
Outstandir	ng Balance at Close of This Period									
	4319.11									
Nature of D	ebt (Purpose):									
	ct Mail Fundrai-									
sing	<b>3. 11.6</b> 1 22 2									
$\dashv$										
Tra	nsaction ID: D219890									
Outstandir	ng Balance at Close of This Period									
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	7192.12									
<b>P</b>   ' '	11911.71									
	1.01111									

Payment This Period

# PAGE 69 / 98 SCHEDULE D (FEC Form 3X) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Minnesota Democratic-Farmer-Labor Party A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Inter Tel Technologies Phone System Programming Mailing Address PO Box 29653 City State ZIP Code Phoenix ΑZ 85038-9653 Outstanding Balance Beginning This Period Transaction ID: D27837 337.50 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 337.50 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Metro Sales Copier Machine Maintenance Mailing Address 1620 E 78th St 7IP Code City State Minneapolis 55423-4645 MN Outstanding Balance Beginning This Period Transaction ID: D219892 592.85 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 592.85 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Minneapolis Club Meeting Lunches Mailing Address 729 2nd Ave S State ZIP Code City Minneapolis MN 55402-2463 Outstanding Balance Beginning This Period Transaction ID: D27603 751.22 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 751.22 1681.57 1) SUBTOTALS This Period This Page (optional).....

2) TOTALS This Period (last page this line number only).....

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

(Use separate schedule(s)

PAGE 70 / 98 FOR LINE NUMBER:

DEBTS AND OBLIGATIONS		for each numbered line)	(check only one)	9
Excluding Loans		numbered line)		X   10
NAME OF COMMITTEE (In Full) Minnesota Democratic-Farmer-Labor Party				
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Minneapolis Club		Nature of Difference L	Debt (Purpose): Lunch	
Mailing Address 729 2nd Ave S				
City State ZIP Cod Minneapolis MN 55402-				
Outstanding Balance Beginning This Period		Tra	insaction ID: D27839	
671.59				
Amount Incurred This Period P	ayment This Period	Outstandi	ng Balance at Close of T	his Period
0.00	0.00		6	71.59
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Office Depot		Nature of D Office Su	Debt (Purpose): pplies	
Mailing Address PO Box 633211				
City State ZIP Cod Cincinnati OH 45263-				
Outstanding Balance Beginning This Period	<u></u>	Tra	insaction ID: D27729	
637.30				
Amount Incurred This Period P	ayment This Period	Outstandi	ng Balance at Close of T	his Period
0.00	0.00		6	37.30
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pitney Bowes Purchase Power		Nature of D Office Po	Debt (Purpose): stage	
Mailing Address PO Box 85390				
City State ZIP Cod Louisville KY 40285-				
Louisville KY 40285- Outstanding Balance Beginning This Period	JJ <del>J</del> U	T	Insaction ID: D27290	
2750.36		ıra	<b>9</b> 0/290	
	ayment This Period	Outstandi	ing Balance at Close of T	his Pariod
0.00	0.00	Outstand		50.36
0.00	0.00		21	30.30
1) SUBTOTALS This Period This Page (optional)		<b>•</b>	4059.2	5
2) TOTALS This Period (last page this line number only)		<b>-</b>		
3) TOTAL OUTSTANDING LOANS from Schedule C (last page		<b>&gt;</b>		
4) ADD 2) and 3) and carry forward to appropriate line of Summa	ary Page (last page only)	) <b>&gt;</b>		

# Image# 29991783380 PAGE 71 / 98 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Minnesota Democratic-Farmer-Labor Party A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Pitney Bowes Purchase Power Office Postage Mailing Address PO Box 85390 City State ZIP Code 40285-5390 Louisville KY Outstanding Balance Beginning This Period Transaction ID: D27600 1385.42 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1385.42 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Pitney Bowes Purchase Power Office Postage Mailing Address PO Box 85390 ZIP Code City State Louisville ΚY 40285-5390 Outstanding Balance Beginning This Period Transaction ID: D27841 1278.24 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 1278.24 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Pitney Bowes Purchase Power Office Postage Mailing Address PO Box 85390 ZIP Code City State

0.00					_		1002	-2.00	
1) SUBTOTALS This Period This Page (optional)	_		-	-		1348	35.96	;	
2) TOTALS This Period (last page this line number only)	_ ▶							-	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	_ ▶		-		<u>.</u>	<del></del>			
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	_								

Payment This Period

0.00

40285-5390

Transaction ID: D219894

Outstanding Balance at Close of This Period

10822.30

Louisville

ΚY

10822.30

0.00

Outstanding Balance Beginning This Period

Amount Incurred This Period

# **SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS**

(Use separate schedule(s) for each

PAGE 72 / 98 FOR LINE NUMBER: (check only one)

Exc	luding	Loans

cluding Loans			numbered line)	X 10			
AME OF COMMITTEE ( linnesota Democratio	In Full) -Farmer-Labor Party						
<b>A.</b> Full Name (Last, F Solution Builders	irst, Middle Initial) of Debtor		Nature of Debt (Purpose): Computer Equipment				
Mailing Address 780	0 Metro Pkwy 300						
City Bloomington	State MN	ZIP Code 55425-1509					
Outstanding Balance	e Beginning This Period		Tra	insaction ID: D27467			
	934.59						
Amount Incu	rred This Period	Payment This Period	Outstandi	ing Balance at Close of This Perio			
	0.00	0.0	0	934.59			
B. Full Name (Last, F Tech Depot	irst, Middle Initial) of Debtor	or Creditor		Debt (Purpose): r Equipment			
Mailing Address PO	Box 33074						
City Hartford	State CT	ZIP Code 06150-3074					
Outstanding Balance	e Beginning This Period		Tra	insaction ID: D28198			
	1784.33						
Amount Incu	rred This Period	Payment This Period	Outstandi	ng Balance at Close of This Perio			
	0.00	0.0	0	1784.33			
		only)	_ =	2718.92 58148.84			
TOTAL OUTSTANDIN	· · · ·	lle C (last page only)		0.00			
		line of Summary Page (last page or	—. —	58148.84			

	PAGE 73 / 98			
	FOR LINE 18a OF FORM 3X			
_				

NAME OF COMMITTEE (In Full)			
Minnesota Democratic-Farmer-Labor Party			
NAME OF ACCOUNT DATE OF RECE	IPT TOTAL AMOUNT TRANSFERRED		
Non-Federal Portion of Admin 0 2 / D 0	P		
BREAKDOWN OF TRANSFER RECEIVED			
i) Total Administrative	2400.00 Transaction ID: T2016		
ii) Generic Voter Drive	Transaction ID:		
iii) Exempt Activities			
, , , , , , , , , , , , , , , , , , , ,	Transaction ID:		
iv) Direct Fundraising (List Activity or Event Identifier)			
	Transaction ID:		
a)	Transaction ib.		
b)	Transaction ID:		
c) Total Amount Transferred for Direct Fundraising			
v) Direct Candidate Support (List of Activity or Event Identifier)			
	Towns of the ID		
a)	Transaction ID:		
b)	Transaction ID:		
c) Total Amount Transferred For Direct Candidate Support			
vi) Public Communications Referring Only to Party (Made by	Transaction ID:		
TOTALS FOR BREAKDOWN (	1 1111		
TOTAL This Desired (Administrative)			
TOTAL This Period (Administrative)			
TOTAL This Period (Generic Voter Drive)	<u> </u>		
TOTAL This Period (Exempt Activities)			
TOTAL This Period (Direct Fundraising)			
TOTAL This Period (Direct Candidate Support)			
TOTAL This Period (Public Communications Referring Only to Party)			
TOTAL This Period (Total Amount Transferred)			

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

Minnesota Democratic-Farmer-Labor Party

#### SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

	PAGE 74 / 98 FOR LINE 18a OF FORM 3X
ſ	TOTAL AMOUNT TRANSFERRED
2009	4000.00
	4000.00 Transaction ID: T2017
	Transaction ID:
	Transaction ID:
	Transaction ID:
NSFER RECEIVE	Transaction ID:

of Admin	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	4000.00
BREAKDOWN OF TRANSFER RECEIVED		
i) Total Administrative		4000.00
		Transaction ID: T2017
ii) Generic Voter Drive		Transaction ID:
		Hansaction ib.
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Ever	nt Identifier)	Hansaction ib.
,		_
a)		Transaction ID:
,		
b)		Transaction ID:
c) Total Amount Transferred for Direct Ful	ndraising	
v) Direct Candidate Support (List of Activ	vity or Event Identifier)	
V) Direct Candidate Support (List of Activ	nty of Event identifier)	
		Transaction ID:
a)		
a)		
a) b)		Transaction ID:
b)		
b)	Candidate Support	
b)c) Total Amount Transferred For Direct C		
b)		
b)c) Total Amount Transferred For Direct C vi) Public Communications Referring Onl		Transaction ID:
b)	ly to Party (Made by PAC)  LS FOR BREAKDOWN OF TRANSFER REC	Transaction ID:
b)c) Total Amount Transferred For Direct C vi) Public Communications Referring Onl	ly to Party (Made by PAC)  LS FOR BREAKDOWN OF TRANSFER REC	Transaction ID:
b)	ly to Party (Made by PAC)  LS FOR BREAKDOWN OF TRANSFER REC	Transaction ID:
c) Total Amount Transferred For Direct C  vi) Public Communications Referring Onl  TOTA  TAL This Period (Administrative)	LS FOR BREAKDOWN OF TRANSFER REC	Transaction ID:
c) Total Amount Transferred For Direct C  vi) Public Communications Referring Onl  TOTA  TAL This Period (Administrative)	LS FOR BREAKDOWN OF TRANSFER REC	Transaction ID:
c) Total Amount Transferred For Direct C  vi) Public Communications Referring Onl  TOTA  TAL This Period (Administrative)	LS FOR BREAKDOWN OF TRANSFER REC	Transaction ID:
c) Total Amount Transferred For Direct C  vi) Public Communications Referring Onl  TOTA  TAL This Period (Administrative)	LS FOR BREAKDOWN OF TRANSFER REC	Transaction ID:
c) Total Amount Transferred For Direct C  vi) Public Communications Referring Onl  TOTA  TAL This Period (Administrative)	LS FOR BREAKDOWN OF TRANSFER REC	Transaction ID:
c) Total Amount Transferred For Direct C  vi) Public Communications Referring Onl  TOTA  TAL This Period (Administrative)	LS FOR BREAKDOWN OF TRANSFER REC	Transaction ID:
c) Total Amount Transferred For Direct C  vi) Public Communications Referring Onl  TOTA  TAL This Period (Administrative)	LS FOR BREAKDOWN OF TRANSFER REC	Transaction ID:

DATE OF RECEIPT

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	FOR LINE 18a OF FORM 3X		

IAME OF COMMITTEE (In Full)		
Minnesota Democratic-Farmer-Labor Party		
NAME OF ACCOUNT Non-Federal Portion	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
of Admin	18 2009	2560.00
BREAKDOWN OF TRANSFER RECEIVED		
i) Total Administrative		2560.00 Transaction ID: T2020
		Transaction ib. 12020
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		
		Transaction ID:
iv) Direct Fundraising (List Activity or Event Ide	entifier)	
a)		Transaction ID:
b)		Transaction ID:
		Transaction 12.
c) Total Amount Transferred for Direct Fundrai	ising	
v) Direct Candidate Support (List of Activity or	r Event Identifier)	
a)		Transaction ID:
b)		Transaction ID:
c) Total Amount Transferred For Direct Cand	idate Support	
vi) Public Communications Referring Only to	Party (Made by PAC)	
		Transaction ID:
TOTALS F	FOR BREAKDOWN OF TRANSFER RECE	IVED
TOTAL This Period (Administrative)		
TOTAL This Period (Generic Voter Drive)		
TOTAL This Period (Exempt Activities)		
TOTAL This Period (Direct Fundraising)		
TOTAL This Period (Direct Candidate Support)		
TOTAL This Period (Public Communications Referring On	ly to Party)	
TOTAL This Period (Total Amount Transferred)		

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FOR LINE 18a OF FORM 3X

IAME OF COMMITTEE (In Full)		
Minnesota Democratic-Farmer-Labor Party		
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Non Federal Portion of Admin	0 2 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	1280.00
BREAKDOWN OF TRANSFER RECEIVED		1000.00
i) Total Administrative		1280.00 Transaction ID: T2021
II) Committe Victoria Britan		Transaction D1 12021
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		
		Transaction ID:
iv) Direct Fundraising (List Activity or Event Id	lentifier)	
		Transaction ID:
a)		Transaction is.
b)		Transaction ID:
c) Total Amount Transferred for Direct Fundra	aising	
v) Direct Candidate Support (List of Activity of	or Event Identifier)	
2)		Transaction ID:
<u>a)</u>		Transaction ib.
b)	_	Transaction ID:
c) Total Amount Transferred For Direct Can	didate Support	
vi) Public Communications Referring Only to	<b>Party</b> (Made by PAC)	
vi) Fublic Communications Referring Only to	(Made by FAC)	Transaction ID:
TOTALS	FOR BREAKDOWN OF TRANSFER RECEIV	/ED
TOTAL This Period (Administrative)		
FOTAL This Period (Generic Voter Drive)		
TOTAL This Period (Exempt Activities)		
TOTAL This Period (Direct Fundraising)		
-		
TOTAL This Period (Direct Candidate Support)		
TOTAL This Period (Public Communications Referring O	nly to Party)	
TOTAL This Period (Total Amount Transferred)		

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	FOR LINE 18a OF FORM 3X		

IAME OF COMMITTEE (In Full)		[1.61.2.1.2.100.61.1.61.11.67]
Minnesota Democratic-Farmer-Labor Party		
NAME OF ACCOUNT Non-Federal Portion of Inaugural	DATE OF RECEIPT  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	TOTAL AMOUNT TRANSFERRED 1920.00
i) Total Administrative		1920.00
i) Total Administrative		Transaction ID: T2022
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		
iv) Direct Fundraising (List Activity or Event Id	entifier)	Transaction ID:
a)		Transaction ID:
b)		Transaction ID:
b)		Transaction ID:  Transaction ID:
c) Total Amount Transferred For Direct Cand	didate Support	
vi) Public Communications Referring Only to	Party (Made by PAC)	Transaction ID:
TOTALS	FOR BREAKDOWN OF TRANSFER RECEIV	
TOTAL This Period (Administrative)		
TOTAL This Period (Generic Voter Drive)	L	
TOTAL This Period (Exempt Activities)		
TOTAL This Period (Direct Fundraising)		
TOTAL This Period (Direct Candidate Support)	L	
TOTAL This Period (Public Communications Referring Or	nly to Party)	
TOTAL This Period (Total Amount Transferred)		

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	FOR LINE 18a OF FORM 3X	Į

NAME OF COMMITTEE (In Full)			
Minnesota Democratic-Farmer-Labor Party			
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED	
Non Federal Portion of Admin	$\begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 0 & 3 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$	-6624.49	
BREAKDOWN OF TRANSFER RECEIVED		2224.42	
i) Total Administrative		-6624.49 <b>Transaction ID:</b> T2026	
ii) Generic Voter Drive		Transaction ID:	
iii) Exempt Activities			
iv) Direct Fundraising (List Activity or Event Ide	entifier)	Transaction ID:	
a)		Transaction ID:	
b)		Transaction ID:	
c) Total Amount Transferred for Direct Fundraising			
b)		Transaction ID:	
c) Total Amount Transferred For Direct Candi	idate Support		
vi) Public Communications Referring Only to	Party (Made by PAC)	Transaction ID:	
TOTALS F	OR BREAKDOWN OF TRANSFER RECE		
TOTAL This Period (Generic Voter Drive)			
TOTAL This Period (Exempt Activities)			
TOTAL This Period (Direct Fundraising)			
TOTAL This Period (Direct Candidate Support)			
TOTAL This Period (Public Communications Referring Onl	y to Party)		
TOTAL This Period (Total Amount Transferred)			

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FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)		
Minnesota Democratic-Farmer-Labor Party		
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Non Federal Portion of Admin	02 / 000 / 2009	-2450.19
BREAKDOWN OF TRANSFER RECEIVED		0450.40
i) Total Administrative		-2450.19  Transaction ID: T2027
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		
iv) Direct Fundraising (List Activity or Event Idea		Transaction ID:
a)		Transaction ID:
b)		Transaction ID:
c) Total Amount Transferred for Direct Fundrais	sing	
v) Direct Candidate Support (List of Activity or	Event Identifier)	
		Transaction ID.
a)		Transaction ID:
b)		Transaction ID:
c) Total Amount Transferred For Direct Candi	date Support	
vi) Public Communications Referring Only to	Party (Made by PAC)	
		Transaction ID:
TOTALS FO	OR BREAKDOWN OF TRANSFER RECE	EIVED
TOTAL This Period (Administrative)	<u> </u>	
TOTAL This Period (Generic Voter Drive)	L	
TOTAL This Period (Exempt Activities)		
TOTAL This Period (Direct Fundraising)		
TOTAL This Period (Direct Candidate Support)		
TOTAL This Period (Public Communications Referring Only	y to Party)	
TOTAL This Period (Total Amount Transferred)		

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FOR LINE 18a OF FORM 3X	
_	00 / 00

NAME OF COMMITTEE (In Full)		TOTAL TOURS TOTAL OF
Minnesota Democratic-Farmer-Labor Party		
NAME OF ACCOUNT Non Federal Portion	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
of Admin	$\begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} / \begin{bmatrix} D & D \\ 1 & 2 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$	-548.83
BREAKDOWN OF TRANSFER RECEIVED		540.00
i) Total Administrative		-548.83  Transaction ID: T2028
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event le	dentifier)	
a)		Transaction ID:
b)		Transaction ID:
v) Direct Candidate Support (List of Activity	or Event Identifier)	Transaction ID:
b)	_	Transaction ID:
c) Total Amount Transferred For Direct Car	ndidate Support	
vi) Public Communications Referring Only	to Party (Made by PAC)	Transaction ID:
TOTALS	FOR BREAKDOWN OF TRANSFER RECEIV	/ED
TOTAL This Period (Administrative)		
TOTAL This Period (Generic Voter Drive)		
TOTAL This Period (Exempt Activities)		
TOTAL This Period (Direct Fundraising)	L	
TOTAL This Period (Direct Candidate Support)		
TOTAL This Period (Public Communications Referring C	Only to Party)	
TOTAL This Period (Total Amount Transferred)		

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

#### SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

NSFERS FROM NONFEDERAL AC OCATED FEDERAL / NONFEDERA	PAGE 81 / 98 FOR LINE 18a OF FORM	
OF COMMITTEE (In Full)		
esota Democratic-Farmer-Labor Party		
IAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
lon Federal Portion f Admin	$ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} / \begin{bmatrix} D & D \\ 1 & 7 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix} $	-1904.13
EAKDOWN OF TRANSFER RECEIVED		
Total Administrative		-1904.13
		Transaction ID: T2029
Generic Voter Drive		Transaction ID:
i) Exempt Activities		
Direct Fundraising (List Activity or Event Identi	fier)	Transaction ID:
		Transaction ID:
a)		Transaction ib.
b)		Transaction ID:
c) Total Amount Transferred for Direct Fundraisin	ng	
) Direct Candidate Support (List of Activity or Ev	vent Identifier)	
a)		Transaction ID:
b)		Transaction ID:
c) Total Amount Transferred For Direct Candida	ate Support	
i) Public Communications Referring Only to Pa	arty (Made by PAC)	
y rubite communications netering only to ra	(Made by I AO)	Transaction ID:
TOTALS FOR	R BREAKDOWN OF TRANSFER RECEIV	ŒD
- This Period (Administrative)		
L This Period (Generic Voter Drive)		
(		-

	vi)	Public Communications Referring Only to Party	(Made by PAC)	
				Transaction ID:
		TOTALS FOR BRE	AKDOWN OF TRANSFER	RECEIVED
TC	DTAL	This Period (Administrative)		
TC	OTAL	This Period (Generic Voter Drive)		
TC	OTAL	This Period (Exempt Activities)		
TC	OTAL	This Period (Direct Fundraising)		
TC	OTAL	This Period (Direct Candidate Support)		
TC	OTAL	This Period (Public Communications Referring Only to Party	·)	
TC	DTAL	This Period (Total Amount Transferred)		

#### SCHEDULE H3 (FEC Form 3X) T Α

FRANSFERS FROM NONFEDERAL / ALLOCATED FEDERAL / NONFEDE		PAGE 82/98
	TIAL ACTIVITY	FOR LINE 18a OF FORM 3
NAME OF COMMITTEE (In Full)		
Minnesota Democratic-Farmer-Labor Party		
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Non Federal portion of Admin	0 2 / D D / Y Y 2 C	-6573.22
BREAKDOWN OF TRANSFER RECEIVED		
i) Total Administrative		-6573.22 Transaction ID: T2032
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event lo	dentifier)	
a)		Transaction ID:
b)	-	Transaction ID:
c) Total Amount Transferred for Direct Fundr	aising	
v) Direct Candidate Support (List of Activity	or Event Identifier)	
a)	_	Transaction ID:
b)	_	Transaction ID:
c) Total Amount Transferred For Direct Can	didate Support	
vi) Public Communications Referring Only to	o Party (Made by PAC)	
,	, , ,	Transaction ID:
TOTALS	FOR BREAKDOWN OF TRANSFER	RRECEIVED
TOTAL This Period (Administrative)	-5940.86	
TOTAL This Period (Generic Voter Drive)	. 0.0	00
TOTAL This Period (Exempt Activities)		0.00
TOTAL This Period (Direct Fundraising)		0.00
TOTAL This Period (Direct Candidate Support)		0.00
TOTAL This Period (Public Communications Referring O	nly to Party)	0.00
TOTAL This Period (Total Amount Transferred)		-5940.86

PAGE	8	3/9	8	
FOR	LINE	21a	OF	FORM 3X

	,		FOR LINE 21a OF FORM 3X
NAME OF COMMITTEE (In Full)			
Minnesota Democratic-Farmer-Labo	r Party		
A. Full Name (Last, First, Middle Initial)			Type of Allocated Activity:
A. Full Name (Last, First, Middle Initial) Aetna			X Administrative ☐ Fundraising ☐ Exempt
Mailing Address			
PO Box 88860			Voter Drive Direct Candidate Support
City State	Zip Code		Public Comm (ref to party only) by PAC
Chicago IL	60695-1860		Allocated Activity or Event Year-To-Date
Purpose of Disbursement: Health Insurance		Category/ Type	53897.12
Activity or Event Identifier: Administrative		, ,,, -	Date 0 2 0 1 7 2 0 0 9 Transaction ID: D272548
FEDERAL SHARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT
193.99		1099.32	1293.31
B. Full Name (Last, First, Middle Initial)			Type of Allocated Activity:
Atomic			Administrative Fundraising Exempt
Mailing Address			Voter Drive Direct Candidate Support
615 N. 3rd Street	7: 01-		Public Comm (ref to party only) by PAC
City State Minneapolis MN	Zip Code 55101		Allocated Activity or Event Year-To-Date
Purpose of Disbursement:	33101		
Field Office Phones		Category/ Type	53897.12
Activity or Event Identifier: Administrative		1 .760	Date 0 2 0 2 2 0 0 9  Transaction ID: D272527
FEDERAL SHARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT
107.06		606.69	713.75
C. Full Name (Last, First, Middle Initial) Bes Cleaning Company			Type of Allocated Activity:  X Administrative Fundraising Exempt
Mailing Address			Voter Drive Direct Candidate Support
2818 Western Avenue			
City State	Zip Code		Public Comm (ref to party only) by PAC
Saint Paul MN	55113		Allocated Activity or Event Year-To-Date
Purpose of Disbursement: Office Cleaning		Category/ Type	53897.12
Activity or Event Identifier: Administrative			Date 0 2 1 9 2 0 0 9 Transaction ID: D272531
FEDERAL SHARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT
120.00		680.00	800.00
SUBTOTAL of Allocated Federal and NonF	ederal Activity This Page		
FEDERAL SHARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT
421.05		2386.01	2807.06
421.03		2300.01	2007.00
TOTAL This Period (last page for each line FEDERAL SHARE	e only)(Federal share to 21(a)(i) and NONFEDERA		re to 21(a)(i))  TOTAL AMOUNT

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FOR	LINE 21	a OF	FORM 3X

		· · ·		FOR LINE 21a OF FORM 3
NAME OF COMMITTEE (In Full)				,
Minnesota Democratic-Fa	rmer-Labor Part	ty		
A. Full Name (Last, First, M	Middle Initial)			Type of Allocated Activity:
Charter Communication	ns ´			Administrative Fundraising Exempt
Mailing Address				Voter Drive Direct Candidate Support
3380 NORTHERN VAL		7'- 0-4-	T	Public Comm (ref to party only) by PAC
City Rochester	State MN	Zip Code 55906-3954		Allocated Activity or Event Year-To-Date
Purpose of Disbursement:	IVIIV	33300-3334		53897.12
Field Office Internet			Category/ Type	53697.12
Activity or Event Identifier: Administrative				Date 0 2 1 9 2 0 0 9 Transaction ID: D272535
FEDERAL S	HARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT
	298.86		531.31	830.17
<b>B.</b> Full Name (Last, First, M Democratic Gain	liddle Initial)			Type of Allocated Activity:  X Administrative Fundraising Exempt
Mailing Address	-			Voter Drive Direct Candidate Support
PO Box 15007	Ctata	7in Code		Public Comm (ref to party only) by PAC
City Washington	State DC	Zip Code 20003		Allocated Activity or Event Year-To-Date
Purpose of Disbursement:		20000	Cotomony	53897.12
Employment Advertisin	ıg		Category/ Type	33097.12
Activity or Event Identifier: Administrative				Date 0 2 1 8 2 0 0 9 Transaction ID: D272537
FEDERAL S	HARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT
	27.00		48.00	75.00
C. Full Name (Last, First, M Direct TV	liddle Initial)			Type of Allocated Activity:  X Administrative Fundraising Exempt
Mailing Address				Voter Drive Direct Candidate Support
PO Box 60036				Public Comm (ref to party only) by PAC
City Los Angeles	State CA	Zip Code 90060-0036		Allocated Activity or Event Year-To-Date
Purpose of Disbursement:	<u> </u>	30000-0030	0.1	53897.12
Cable TV			Category/ Type	33097.12
Activity or Event Identifier: Administrative				Date 02 10 2009
Auministrative				Transaction ID: D259780
FEDERAL S	HARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT
	46.90		265.80	312.70
SUBTOTAL of Allocated Feder	al and NonFederal	Activity This Page		
FEDERAL S	HARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT
	372.76	1	845.11	1217.87
	1 1 1			
TOTAL This Period (last page	• , .	, , , , ,		. , , , ,
FEDERAL S	HAKE	NONFEDERA	AL SHAKE	TOTAL AMOUNT

PAGE	8	5 / 9	8	
FOR	LINE	21a	OF	FORM 3X

	<b>~</b>		FOR LINE 21a OF FORM 3X
NAME OF COMMITTEE (In Full)			,
Minnesota Democratic-Farmer-Labor Pa	rty		
A. Full Name (Last, First, Middle Initial)			Type of Allocated Activity:
DJB Productions, LLC			Administrative X Fundraising Exempt
Mailing Address			Voter Drive Direct Candidate Support
625 7th St NE	7in Onda		Public Comm (ref to party only) by PAC
City State Washington DC	Zip Code 20002		Allocated Activity or Event Year-To-Date
Purpose of Disbursement:	20002	Cotogony	6090.00
DJ for DC Inaugural Event		Category/ Type	
Activity or Event Identifier: DC Inaugural Event 1/20/09			Date 0 2 0 3 2 0 9 Transaction ID: D261586
FEDERAL SHARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT
810.00		90.00	900.00
B. Full Name (Last, First, Middle Initial)			Type of Allocated Activity:
GE Capital			Administrative Fundraising Exempt
Mailing Address PO Box 31001 0273			Voter Drive Direct Candidate Support
City State	Zip Code		Public Comm (ref to party only) by PAC
Pasadena CA	91110		Allocated Activity or Event Year-To-Date
Purpose of Disbursement: Copier Lease		Category/ Type	53897.12
Activity or Event Identifier: Administrative			Date 0 2 0 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEDERAL SHARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT
75.48		427.74	503.22
C. Full Name (Last, First, Middle Initial) Graves 601 Hotel			Type of Allocated Activity:  Administrative X Fundraising Exempt
Mailing Address			
601 N First Street			
City State	Zip Code		Public Comm (ref to party only) by PAC
Minneapolis MN  Purpose of Disbursement:	55414		Allocated Activity or Event Year-To-Date
Catering Mpls Inaugural Event		Category/ Type	18266.71
Activity or Event Identifier:		Турс	Date M M / D D / Y Y Y Y
Mpls Inaugural Event 1/17/09			Date 0 2 0 3 2 0 0 9 Transaction ID: D261588
FEDERAL SHARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT
299.39		89.43	388.82
SUBTOTAL of Allocated Federal and NonFeder	al Activity This Page		
FEDERAL SHARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT
	T NONFEDERAL		
1184.87		607.17	1792.04
TOTAL This Period (last page for each line only FEDERAL SHARE	r)(Federal share to 21(a)(i) and NONFEDERA		
TOTAL This Period (last page for each line only FEDERAL SHARE			re to 21(a)(i))  TOTAL AMOUNT

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FOR	LINE 21a OF FORM 3X	_

		<b>7</b>		FOR LINE 21a OF FORM 3X
NAME OF COMMITTEE (In Ful	II)			,
Minnesota Democratic-Fa	armer-Labor Pa	rty		
A. Full Name (Last, First,	Middle Initial)			Type of Allocated Activity:
Minnesota Shredding	LLC			X Administrative ☐ Fundraising ☐ Exempt
Mailing Address				
8400 89th Ave N, Ste	430			Voter Drive Direct Candidate Support
City	State	Zip Code	-	Public Comm (ref to party only) by PAC
Minneapolis	MN	55445		Allocated Activity or Event Year-To-Date
Purpose of Disbursement Recycling	:		Category/ Type	53897.12
Activity or Event Identifier Administrative	:		1 1,50	Date 0 2 2 4 2 0 0 9 Transaction ID: D261883
FEDERAL	SHARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT
	92.31		164.09	256.40
<b>B.</b> Full Name (Last, First, Nu-Telecom	Middle Initial)			Type of Allocated Activity:  X Administrative Fundraising Exempt
Mailing Address				Voter Drive Direct Candidate Support
27 N Minnesota Stree				
City	State	Zip Code		Public Comm (ref to party only) by PAC
New Ulm	MN	56073		Allocated Activity or Event Year-To-Date
Purpose of Disbursement Phone Services	:		Category/ Type	53897.12
Activity or Event Identifier Administrative	:			Date 0 2 2 4 2 0 0 9 Transaction ID: D261881
FEDERAL	SHARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT
	1.44		2.54	3.98
C. Full Name (Last, First, Olmstead County DFI	Middle Initial)			Type of Allocated Activity:  X Administrative Fundraising Exempt
Mailing Address				
PO Box 9044				
City	State	Zip Code		Public Comm (ref to party only) by PAC
Rochester	MN	55903-9044		Allocated Activity or Event Year-To-Date
Purpose of Disbursement Phone Expenses	:		Category/ Type	53897.12
Activity or Event Identifier Administrative	:		1 /1	Date 02 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	OLIABE	NONEEDEDA	OLIABE	Transaction ID: D261880
FEDERAL	SHARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT
	34.62		61.55	96.17
SUBTOTAL of Allocated Fede	eral and NonFeder	al Activity This Page		
FEDERAL	SHARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT
	128.37		228.18	356.55
FOTAL This Period (last page	e for each line only	r)(Federal share to 21(a)(i) and	d NonFederal sha	ure to 21(a)(i))
FEDERAL	SHARE	NONFEDER	AL SHARE	TOTAL AMOUNT

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FOR	LINE	21a	OF	FORM 3X	

NAME OF COMMITTEE (In Full)		FOR LINE 21a OF FORM 3X
,		
Minnesota Democratic-Farmer-Labor Party		
A. Full Name (Last, First, Middle Initial) Pitney Bowes Purchase Power		Type of Allocated Activity:  Administrative Fundraising Exempt
Mailing Address		<ul><li>✓ XJ Administrative ☐ Fundraising ☐ Exempt</li><li>☐ Voter Drive ☐ Direct Candidate Support</li></ul>
PO Box 85390  City State Zip Code	T	Public Comm (ref to party only) by PAC
Louisville KY 40285-5	390	Allocated Activity or Event Year-To-Date
Purpose of Disbursement: Office Postage	Catego Typ	ory/ 53897.12
Activity or Event Identifier: Administrative		Date 0 2 0 9 7 2 0 0 9 Transaction ID: D259779
FEDERAL SHARE + N	IONFEDERAL SHARE	= TOTAL AMOUNT
799.82	1421.90	2221.72
<b>B.</b> Full Name (Last, First, Middle Initial) Proteam Painting Plus		Type of Allocated Activity:
Mailing Address		
1462 Midway Parkway		Public Comm (ref to party only) by PAC
City State Zip Code Saint Paul MN 55108	,	Allocated Activity or Event Year-To-Date
Purpose of Disbursement: Field Office Painting	Catego	ory/ 53897.12
Activity or Event Identifier: Administrative		Date 0 2 2 4 2 0 0 9  Transaction ID: D261879
FEDERAL SHARE + N	IONFEDERAL SHARE	= TOTAL AMOUNT
253.27	450.25	703.52
C. Full Name (Last, First, Middle Initial)  QWest		Type of Allocated Activity:  X Administrative Fundraising Exempt
Mailing Address PO Box 1301		Voter Drive Direct Candidate Support
City State Zip Code		Public Comm (ref to party only) by PAC
Minneapolis MN 55483-0	002	Allocated Activity or Event Year-To-Date
Purpose of Disbursement: Phone Service	Catego Typ	
Activity or Event Identifier: Administrative		Date 0 2 2 4 2 0 0 9 Transaction ID: D261882
FEDERAL SHARE + N	IONFEDERAL SHARE	= TOTAL AMOUNT
2.10	3.71	5.81
SUBTOTAL of Allocated Federal and NonFederal Activity This Pa	age	
FEDERAL SHARE + N	IONFEDERAL SHARE	= TOTAL AMOUNT
1055.19	1875.86	2931.05
TOTAL This Period (last page for each line only)(Federal share to FEDERAL SHARE	o 21(a)(i) and NonFedera NONFEDERAL SHARE	al share to 21(a)(i))  TOTAL AMOUNT

PAGE	88 / 98				
FOR	LINE	21a	OF	FORM 3X	

			FOR LINE 21a OF FORM 3X		
NAME OF COMMITTEE (In Full)			, , , , , , , , , , , , , , , , , , , ,		
Minnesota Democratic-Farmer-Labor F	arty				
A. Full Name (Last, First, Middle Initial)			Type of Allocated Activity:		
SPRWS	SPRWS				
Mailing Address					
1900 Rice St	7'- 0- 1-		Public Comm (ref to party only) by PAC		
City State Saint Paul MN	Zip Code 55113-6810		Allocated Activity or Event Year-To-Date		
Purpose of Disbursement:	33113-0010		53897.12		
Water Services		Category/ Type	55697.12		
Activity or Event Identifier: Administrative			Date 0 2 0 6 7 2 0 0 9 Transaction ID: D259776		
FEDERAL SHARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT		
15.98		90.58	106.56		
<b>B.</b> Full Name (Last, First, Middle Initial) Technology Insurance Company			Type of Allocated Activity:  X Administrative Fundraising Exempt		
Mailing Address			Voter Drive Direct Candidate Support		
PO Box 2225 City State	Zip Code		Public Comm (ref to party only) by PAC		
Beachwood OH	44122		Allocated Activity or Event Year-To-Date		
Purpose of Disbursement: Worker's Comp Insurance		Category/ Type	53897.12		
Activity or Event Identifier: Administrative		1 1/2	Date 0 2 0 6 7 2 0 0 9 Transaction ID: D259777		
FEDERAL SHARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT		
188.64		335.36	524.00		
C. Full Name (Last, First, Middle Initial) US Bank			Type of Allocated Activity:  X Administrative Fundraising Exempt		
Mailing Address			Voter Drive Direct Candidate Support		
5th and Robert St					
City State Saint Paul MN	Zip Code 55101		Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date		
Purpose of Disbursement:	33101				
Mortgage Payment		Category/ Type	53897.12		
Activity or Event Identifier: Administrative			Date 0 2 2 0 9 2 0 9 Transaction ID: D272533		
FEDERAL SHARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT		
779.35		4416.38	5195.73		
SUBTOTAL of Allocated Federal and NonFederal	oral Activity This Page				
	, ,	CHADE	- TOTAL AMOUNT		
FEDERAL SHARE	+ NONFEDERAL	1 1 1 1	= TOTAL AMOUNT		
983.97		4842.32	5826.29		
TOTAL This Period (last page for each line or FEDERAL SHARE	nly)(Federal share to 21(a)(i) and NONFEDERA		re to 21(a)(i))  TOTAL AMOUNT		

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FOR	LINE 21a OF FORM 3X

. 252.0 (2,1151), EDEITAL AOTTO			FOR LINE 21a OF FORM 3X	
NAME OF COMMITTEE (In Full)				
Minnesota Democratic-Farmer-Labor Party	y			
A. Full Name (Last, First, Middle Initial)			Type of Allocated Activity:	
Verizon Wireless			X Administrative ☐ Fundraising ☐ Exempt	
Mailing Address			Voter Drive Direct Candidate Support	
PO Box 790293				
City State	Zip Code	1	Public Comm (ref to party only) by PAC	
Saint Louis MO	63179-0293		Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: Cell Phones		Category/ Type	53897.12	
Activity or Event Identifier: Administrative			Date 0 2 0 1 2 0 0 9  Transaction ID: D272550	
FEDERAL SHARE	+ NONFEDERAL	. SHARE	= TOTAL AMOUNT	
364.04		2062.90	2426.94	
<b>B.</b> Full Name (Last, First, Middle Initial) Verizon Wireless			Type of Allocated Activity:  X Administrative Fundraising Exempt	
Mailing Address			Voter Drive Direct Candidate Support	
PO Box 25505			Public Comm (ref to party only) by PAC	
City State	Zip Code		Allocated Activity or Event Year-To-Date	
Purpose of Disbursement:	Lehigh Valley PA 18002-5505			
Cell Phone		Category/ Type	53897.12	
Activity or Event Identifier: Administrative			Date 0 2 0 6 7 2 0 0 9 Transaction ID: D259773	
FEDERAL SHARE	+ NONFEDERAL	. SHARE	= TOTAL AMOUNT	
960.00		1706.67	2666.67	
C. Full Name (Last, First, Middle Initial) Vonage			Type of Allocated Activity:	
			Administrative Fundraising Exempt	
Mailing Address 2147 Route 27			Uvoter Drive ☐ Direct Candidate Support	
City State	Zip Code		Public Comm (ref to party only) by PAC	
Edison NJ	08817		Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: Field Office Phones		Category/	53897.12	
Activity or Event Identifier:		Туре	M M / D D / Y Y Y Y	
Administrative			Date 0.2 1.9 2.0.0.9	
FEDERAL SHARE	+ NONFEDERAL	. SHARE	Transaction ID: D272534  = TOTAL AMOUNT	
		1 1 1		
1409.58		2505.90	3915.48	
SUBTOTAL of Allocated Federal and NonFederal	Activity This Page			
FEDERAL SHARE	+ NONFEDERAL	. SHARE	= TOTAL AMOUNT	
2733.62		6275.47	9009.09	
TOTAL This Period (last page for each line only)(I	ederal share to 21(a)(i) and	l NonFederal sha	ure to 21(a)(i))	
FEDERAL SHARE	NONFEDERA		TOTAL AMOUNT	

PAGE	9	0 / 9	98	
FOR	LINE	21a	OF	FORM 3X

					FOR LINE 21a OF FORM 3X
NAME OF COMMITTEE (In Full)					
Minnesota Democratic-Farme	er-Labor Party				
A. Full Name (Last, First, Midd	le Initial)			Type of Allocated Activity	V:
Waste Management	,				Fundraising Exempt
Mailing Address				Voter Drive	Direct Candidate Support
12448 Pennsylvania Ave	_				
,	State	Zip Code		,	o party only) by PAC
Savage Purpose of Disbursement:	MN	55378-1118		Allocated Activity or E	
Trash Removal			Category/ Type		53897.12
Activity or Event Identifier: Administrative			, ,,-		2 0 0 9 Y 2 2 0 0 9 Y 2 2 4 9
FEDERAL SHAF	RE +	NONFEDERAL	SHARE		_ AMOUNT
	46.31		64.55		110.86
<b>B.</b> Full Name (Last, First, Midd Weinblatt & Gaylord PLC	le Initial)			Type of Allocated Activity  Administrative	y: Fundraising Exempt
Mailing Address				Voter Drive	Direct Candidate Support
111 Kellogg Blvd E	State	Zip Code	T	Public Comm (ref to	o party only) by PAC
	State MN	55101-1236		Allocated Activity or E	
Purpose of Disbursement:	<u> </u>	00101 1200	Ontonion /	7 thoodied 7 totavity of 2	53897.12
Legal Services			Category/ Type		33097.12
Activity or Event Identifier: Administrative					2 7 Y 2 0 0 9 Y 2 2 4 7 2 4 7 9 Y 2 4 7 9 Y 2 5 4 7 9 7 9 Y 2 5 4 7 9 7 9 Y 2 5 4 7 9 Y 2 5 4 7 9 7 9 Y 2 5 4 7 9 7 9 7 9 Y 2 5 4 7 9 7 9 7 9 7 9 7 9 7 9 7 9 7 9 7 9 7
FEDERAL SHAF	RE +	NONFEDERAL	SHARE		_ AMOUNT
91	00.00		1600.00		2500.00
C. Full Name (Last, First, Midd Xcel Energy	le Initial)			Type of Allocated Activity  Administrative	y: Fundraising Exempt
Mailing Address				Voter Drive	Direct Candidate Support
414 Nicollet Mall		71.0.1	,	l —	o party only) by PAC
,	State MN	Zip Code 55401-1927		Allocated Activity or E	
Purpose of Disbursement:	VIIV	33401-1321		Allocated Activity of E	53897.12
Utilities			Category/ Type		53897.12
Activity or Event Identifier: Administrative					0 6 Y Y Y Y Y Y Y Y 9 9 7 9 7 9 7 9 9 7 9 9 7 9 9 9 9
FEDERAL SHAF	RE +	NONFEDERAL	SHARE	= TOTAL	_ AMOUNT
7:	20.00		1280.00		2000.00
SUBTOTAL of Allocated Federal a	nd NonFederal Act	ivity This Page			
FEDERAL SHAF		NONFEDERAL	SHARE	= TOTAL	_ AMOUNT
	66.31		2944.55	1 10174	4610.86
					15.15.55
TOTAL This Period (last page for FEDERAL SHAF	• , ,	eral share to 21(a)(i) and NONFEDERA		. , , , , ,	_ AMOUNT

PAGE	9	1/9	8	
FOR	LINE	21a	OF	FORM 3X

				TON LINE 21a OF TONINGSA
IAME OF COMMITTEE (In Fu	ıll)			
/linnesota Democratic-F	armer-Labor F	arty		
A. Full Name (Last, First, Xcel Energy	, Middle Initial)			Type of Allocated Activity:  X Administrative Fundraising Exempt
Mailing Address 414 Nicollet Mall				Voter Drive Direct Candidate Support
City	State	Zip Code		Public Comm (ref to party only) by PAC
Minneapolis	MN	55401-1927		Allocated Activity or Event Year-To-Date
Purpose of Disbursemen Utilities	t:		Category/ Type	53897.12
Activity or Event Identifier Administrative	r:		1 . 760	Date 0 2 2 4 2 0 0 9 Transaction ID: D261878
FEDERAL	. SHARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT
	282.82		502.78	785.60
<b>B.</b> Full Name (Last, First, XO Communications				Type of Allocated Activity:  X Administrative Fundraising Exempt
Mailing Address PO Box 828618				Voter Drive Direct Candidate Support
City	State	Zip Code		Public Comm (ref to party only) by PAC
Philadelphia	PA	19182-0001		Allocated Activity or Event Year-To-Date
Purpose of Disbursemen Main Office Phones	t:		Category/ Type	53897.12
Activity or Event Identifier Administrative	r:		турс	Date 0 2 0 6 7 2 0 0 9 Transaction ID: D259775
FEDERAL	. SHARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT
	143.09		810.84	953.93

CURTOTAL of Allegated Faderal and New Fadera	I A - 1	Ch. This Dans		
SUBTOTAL of Allocated Federal and NonFedera	I ACTI	Ivity This Page		
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
425.91		1313.62		1739.53
TOTAL This Period (last page for each line only)	(Fed	eral share to 21(a)(i) and NonFederal share	to 2	21(a)(i))
FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
8972.05		21318.29		30290.34

### SCHEDULE L (FEC Form 3X) AGGREGATION PAGE: LEVIN FUNDS

	Transaction ID:	SchedL1
NAME OF COMMITTEE (In Full)		
Minnesota Democratic-Farmer-Labor Party		

	IE OF ACCOUNT IN Designated Funds		
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS  a. Itemized(Use Schedule L-A)	0.00	0.00
	b. Unitemized	0.00	0.00
	c. Total	0.00	0.00
2.	OTHER RECEIPTS	0.00	0.00
3.	TOTAL RECEIPTS(Add Lines 1c and 2)	0.00	0.00
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	a. Voter Registration	0.00	0.00
	b. Voter ID	0.00	0.00
	c. GOTV	0.00	0.00
	d. Generic Campaign	0.00	0.00
	e. Total	0.00	0.00
5.	OTHER DISBURSEMENTS	0.00	0.00
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)	0.00	0.00
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)	26.57	26.57
8.	RECEIPTS(from Line 3)	0.00	0.00
9.	SUBTOTAL(Add Lines 7 and 8)	26.57	26.57
10.	DISBURSEMENTS(From Line 6)	0.00	0.00
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)	26.57	26.57

A.

В.

Purpose of Disbursement

Non Federal Portion of Levin Activity

SCHEDULE L-B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 93 / 98 (check only one)
TEMIZED DISBURSEMENTS OF LEVIN FUNDS	for each category of the Aggregation Page	4a X 4c 5 4b 4d
Any Information copied from such Reports and Statements may or for commercial purposes, other than using the name and add		
NAME OF COMMITTEE (In Full)		
Minnesota Democratic-Farmer-Labor Party		
Full Name (Last, First, Middle Initial) / Full Organization Na	me	Transaction ID: D233631 Date of Disbursement
Levin - Levin Designated Funds		
Mailing Address US Bank		10 M / B B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State	Zip Code	Amount of Each Disbursement this Period
St Paul MN	55101	38511.72
Purpose of Disbursement		Account:
Non Federal Portion of Levin Activity		
Full Name (Last, First, Middle Initial) / Full Organization Na	me	Transaction ID: D233632
Levin - Levin Designated Funds		Date of Disbursement
Mailing Address US Bank		10 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State	Zip Code	Amount of Each Disbursement this Period
St Paul MN	55101	70111.72

Account:

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	108623.44
TOTAL This Period (last page this line number only)	•	108623.44

FE6AN026

#### Image# 29991783403

Form/Schedule: <b>SB29</b> Transaction ID: <b>D272325</b>	Reimbursements- Minneapolis Finance Department/ Copies/ \$81.25
Form/Schedule: SR21R	Reimbursements- Verizon Wireless/ Cell and Audio Equipment/ \$291.16
Form/Schedule: SB21B Transaction ID: D272373	Reimbursements- Verizon Wireless/ Cell and Audio Equipment/ \$291.16
	Reimbursements- Verizon Wireless/ Cell and Audio Equipment/ \$291.16
	Reimbursements- Verizon Wireless/ Cell and Audio Equipment/ \$291.16
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	Reimbursements- Verizon Wireless/ Cell and Audio Equipment/ \$291.16
	Reimbursements- Verizon Wireless/ Cell and Audio Equipment/ \$291.16
	Reimbursements- Verizon Wireless/ Cell and Audio Equipment/ \$291.16

#### Image# 29991783404

IIIage# 29991700404	
Form/Schedule: <b>SB21B</b> Transaction ID: <b>D272374</b>	Reimbursement- US Airways, Four Points Denver, United Air/ Travel Expense/ \$1881.
Form/Schedule: <b>SB29</b> Transaction ID: <b>D272323</b>	Reimbursements- Pizza Hut/ Recount Volunteer Food/ \$207.96
Form/Schedule: <b>SB29</b> Transaction ID: <b>D272323</b>	Reimbursements- Pizza Hut/ Recount Volunteer Food/ \$207.96
	Reimbursements- Pizza Hut/ Recount Volunteer Food/ \$207.96
	Reimbursements- Pizza Hut/ Recount Volunteer Food/ \$207.96
	Reimbursements- Pizza Hut/ Recount Volunteer Food/ \$207.96
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	Reimbursements- Pizza Hut/ Recount Volunteer Food/ \$207.96
	Reimbursements- Pizza Hut/ Recount Volunteer Food/ \$207.96
	Reimbursements- Pizza Hut/ Recount Volunteer Food/ \$207.96

Image# 29991783405	
Form/Schedule: <b>H3</b> Transaction ID: <b>T2032</b>	Negative amount is transfer of non fed amount refunded by vendors. Deposits on phones, etc.
Form/Schedule: <b>H3</b> Transaction ID: <b>T2029</b>	Negative amount is refund of deposits on phones etc. State share transfered out.
***************************************	***************************************

#### Image# 29991783406

Form/Schedule: <b>H3</b> Transaction ID: <b>T2026</b>	Negative amount is refund of deposits on phones etc. State share transfered out.
Form/Schedule: <b>H3</b> Transaction ID: <b>T2027</b>	Negative amount is refund of deposits on phones etc. State share transfered out.
	Negative amount is refund of deposits on phones etc. State share transfered out.
	Negative amount is refund of deposits on phones etc. State share transfered out.
	Negative amount is refund of deposits on phones etc. State share transfered out.
	Negative amount is refund of deposits on phones etc. State share transfered out.
	Negative amount is refund of deposits on phones etc. State share transfered out.
	Negative amount is refund of deposits on phones etc. State share transfered out.
	Negative amount is refund of deposits on phones etc. State share transfered out.

Image# 29991783407 Form/Schedule: H3 Negative amount is refund of deposits on phones etc. State share transfered out. Transaction ID: T2028